***Subject: County/Contract Provider Name Change***

**Provider Name Change Tracking Form**

**Program** to complete as much information on this form as available and submit to QMS for review. Form is then submitted to IRIS to begin building program into the IRIS system – time is crucial! As more information is known, Program to submit updated tracking form with current date and only updated information that is being added/changed.

|  |  |
| --- | --- |
| **Today’s Date:** | Click here to enter a date. |
| **Legal Entity (Corporate) Name:** | Click here to enter text. |
| **Legal Entity (Corporate) #:** | Click here to enter text. |
| **Program Name */Provider Name (NEW)*** | Click here to enter text. |
| **Program Name/ *Provider Name Previous)***  |  |
|  |  |
| **Program NPI #:**  | Click here to enter text. |
| **Provider #:** | Click here to enter text. |
| **Address (include 9 digit zip code):** | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| **Phone #:** | Click here to enter text. |
| **HCA Program Manager**  | Click here to enter text. |
| **Head of Service/ Service Chief:** | Click here to enter text. |
| **Head of Service’s Contact #:** | Click here to enter text. |
| **Change of Name activation date:****Date the site provided services with new provider name:****Date of Fire Clearance (Fire clearance must be approved prior to provider delivering services):**  | **To Be Determined by QMS**Click here to enter text.Click here to enter text.**N/A** |
| **Please check types of Mental Health Service Activity to be provided below.**  | **List any updates to the services** |
| [ ]  **05/40 Crisis Residential,** Number of Beds (maximum of 16)[ ]  **15/01 Case Management including 15/07 Intensive Care Coordination (ICC)**[ ]  **15/20 Peer Support Services**[ ]  **15/30 Mental Health Services including 15/57 Intensive Home-Based Services**[ ]  **15/58 Therapeutic Behavioral Services (TBS)**[ ]  **15/60 Medication Support;** [ ]  **Prescription-only** [ ]  **Medication Room**[ ]  **15/70 Crisis Intervention** | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| **MC Certification posted on PIMS** (after DHCS Site Review) | Click here to enter a date. |

**IRIS Liaison and Service Chief to coordinate staff information needed to build providers into IRIS.**