***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.**