

Dear Colleague:

In order to maintain your status with the Division of Child Behavioral Health Services (DCBHS) as an enrolled Intensive In-Community (IIC)/Behavioral Assistance (BA) provider you are required to submit the attached **PROVIDER PROFILE INFORMATION** form. Please be advised that I use the term “IIC/BA provider” generically to apply to agencies that provide both IIC and BA services, as well as to agencies that provide only IIC services.

Please also be mindful that all sections on the form must be addressed. I have provided some notes below when completing **specific** sections on the form:

**Name:**

- Enter the name with which your IIC/BA Medicaid provider # is associated.
- If you have additional IIC/BA Medicaid provider #s associated with a different name, submit a separate form for each IIC/BA Medicaid provider #.
- If you have multiple IIC/BA Medicaid provider #s associated with one name, submit a separate form for each number.

**Email address:**

The address of the individual designated as responsible for managing all information received from DCBHS regarding IIC/BA services.

**Licensure/Certifications:**

If there are multiple clinically licensed individuals associated with a specific IIC/BA Medicaid provider #, list them under **OTHER LICENSED INDIVIDUALS**. Indicate each person’s name, type of licensure, license #, and whether the person is certified to complete the Information Management Decision Support (IMDS) Needs Assessment, the IMDS Strength and Needs Assessment. Note: Licensed clinicians submitting the Needs with Bio Psycho Social assessment via CYBER must be certified in the IMDS Needs Assessment. Should there be more clinically licensed individuals than this section allows, page five (5) of the form has additional space.

When you have fully completed the form(s), please return them via email, as Word Document (\*.doc) attachments only, to both:

Raymond.grimaldi@dcf.state.nj.us

Brenda.dougherty@dcf.state.nj.us

**PROVIDER PROFILE INFORMATION** forms **must be returned no later than 8/20/2010.**

Note: If you have already submitted a Provider Profile Information Form you need not submit another one.

Should you have any questions about completing the **PROVIDER PROFILE INFORMATION** form send an email to Raymond.grimaldi@dcf.state.nj.us.

Regards,  
Raymond Grimaldi