

Membership dues are calculated based on the annual gross behavioral health revenue of your organization's most recently closed fiscal year. Our first-time members are eligible to receive a 50% discount for the first year of membership, please see the [dues table](#) (table does not include 50% discount) for more information. Minimum annual dues are \$1,200 for all members regardless of first-time member status or available discount.

Gross behavioral health revenue includes revenue generated from publicly funded services such as Medicare or Beacon Health Options, behavioral health services supported by grants from or contracts with hospitals or federal state or county entities such as BHA, CHRC, or SAMHSA, child welfare programs, revenue from commercial payers, or other sources of related revenue.

New members are approved through our board of directors once a month. Once your application is approved through the board, you will receive a welcome email outlining how to access your member benefits & next steps. Membership dues are good for one year from the date your organization receives board approval. The invoice must be paid prior to your membership start date. After your first year of membership you will have an option to pay your invoice quarterly or annually. If you have any questions, please reach out to info@mdcbh.org

ORGANIZATION INFORMATION

| | | |
|--|----------------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Primary Contact First Name | Primary Contact Last Name | Email |
| <input type="text"/> | | <input type="text"/> |
| Organization Name | | EIN |
| <input type="text"/> | | |
| Organization Address | | |
| <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit | <input type="text"/> | <input type="text"/> |
| Organization Type (select one) | How did you hear about us? | What interests you most about membership? |
| <input type="checkbox"/> Organization supports CBH's mission to improve access to treatment and improve the quality of community-based behavioral health care. | | |

DUES INFORMATION

| | | |
|--|--|----------------------------------|
| <input type="text"/> | <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly | <input type="text"/> |
| Total Behavioral Health Revenue (use definition above) | Invoice Preference (select one) | First Year Dues (use dues table) |

ORGANIZATION CONTACTS

Once an organization becomes a member, there is no limit to the number of staff members that can plug into our benefits. Suggested Contacts to Add: Billing, HR, CEO, Clinical Director & Clinical Staff, Vocational Rehab Staff, Compliance Officer, and staff at your organization that are interested in getting involved in Advocacy & Public Policy. Please send a spreadsheet with first names, last names, job titles, and email addresses if you require additional space.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Last Name | Title | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Last Name | Title | Email |

ACKNOWLEDGEMENT

By signing this form, I hereby attest that the above budget information upon which dues are based is correct and complete to the best of my knowledge. I have verified that the application has been completed. Upon request, I must provide a copy of the most recent audited financial statements or other documentation for the purpose of verifying the information provided on this form.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature | Date |

SERVICES PROVIDED

Please indicate services your organization provides by providing the number served annually.

| | # CLIENTS SERVED | | # CLIENTS SERVED |
|--|------------------|--|------------------|
| DUI Education Program | | Level 3.7 - Residential - Intensive Inpatient Program | |
| Group Home for Adults with Mental Illness | | Level 3.7 - Residential - Intensive Inpatient Program - Adults | |
| Integrated Behavioral Health Program | | Mobile Treatment Services Program (MTS) | |
| Integrated Behavioral Health Program - Adults | | Mobile Treatment Services Program (MTS) - Team 2 | |
| Integrated Behavioral Health Program - Minors | | Opioid Treatment Services | |
| Level 0.5 Early Intervention Program | | Outpatient Mental Health Center (OMHC) | |
| Level 1 - Outpatient Treatment Program | | Outpatient Mental Health Center (OMHC) - Adult | |
| Level 1 - Outpatient Treatment Program - Adults | | Outpatient Mental Health Center (OMHC) - Child & Adolescent | |
| Level 1 - Outpatient Treatment Program - Minors | | Psychiatric Day Treatment Program (PDTP) | |
| Level 2.1 - Intensive Outpatient Treatment Program | | Psychiatric Rehabilitation Program for Adults (PRP-A) | |
| Level 2.1 - Intensive Outpatient Treatment Program - Adults | | Psychiatric Rehabilitation Program for Minors (PRP-M) | |
| Level 2.1 - Intensive Outpatient Treatment Program - Minors | | Psychiatric Day Treatment Program (PDTP) - Minors | |
| Level 2.5 - Partial Hospitalization Treatment Program | | Residential Crisis Services Program (RCS) | |
| Level 2.5 - Partial Hospitalization Treatment Program - Adults | | Residential Rehabilitation Program (RRP) | |
| Level 2.5 - Partial Hospitalization Treatment Program - Minors | | Respite Care Services Program - Minors | |
| Level 3.1 - Residential - Low Intensity Program | | Respite Care Services Program (RPCS) | |
| Level 3.1 - Residential - Low Intensity Program - Adults | | Substance-Related Disorder Assessment and Referral Program | |
| Level 3.3 - Residential - Medium Intensity Program | | Supported Employment Program (SEP) | |
| Level 3.5 - Residential - High Intensity Program | | Supported Employment Program (SEP) - Team 2 | |
| Level 3.5 - Residential - High Intensity Program - Adults | | Withdrawal Management Service | |
| Level 3.5 - Residential - High Intensity Program - Minors | | Other: | |

ADDITIONAL INFORMATION

Yes No

CARF Accreditation

Yes No

Joint Commission Accreditation

Organization Website

Business Entity is in good standing in Maryland ([Search Here](#))

Entity & Leaders are not excluded from federal healthcare program participation ([Search Here](#))

Entity & Leaders have not been sanctioned by Maryland Medicaid

NON PROFITS ONLY

Nonprofit is registered as a charity in Maryland

990 is current & consistent with the application