



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

Primary Contact First Name

Primary Contact Last Name

Email

Organization Name

EIN

Organization Address

 For Profit Non Profit

Organization Type (select one)

How did you hear about us?

What interests you most about membership?

 Organization supports CBH's mission to improve access to treatment and improve the quality of community-based behavioral health care.

DUES INFORMATION

You will be enrolled in member benefits once your first year dues are paid.

Total Behavioral Health Revenue (use definition above)

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.

First Name

Last Name

Title

Email

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.

Signature

Date



SERVICES PROVIDED

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

	# CLIENTS SERVED		# CLIENTS SERVED
DUI Education Program		Integrated Behavioral Health Program	
Level 0.5 - Early Intervention Program		Targeted Case Management (TCM)	
Level 1 - Outpatient Treatment Program		Health Home	
Level 2.1 - Intensive Outpatient Treatment Program		Group Practice	
Level 2.5 - Partial Hospitalization Treatment Program		Residential Treatment Center (RTC)	
Level 3.1 - Residential - Low Intensity Program		Group Home for Adults with Mental Illness	
Level 3.5 - Residential - High Intensity Program		Mobile Treatment Services Program (MTS)	
Level 3.7 - Residential - Intensive Inpatient Program		Outpatient Mental Health Center (OMHC)	
Opioid Treatment Services		Psychiatric Day Treatment Program (PDTP)	
Withdrawal Management Service		Psychiatric Rehabilitation Program (PRP)	
Qualified Residential Treatment Program (Q RTP)		Residential Crisis Services Program (RCS)	
Residential Child Care (RCC)		Residential Rehabilitation Program (RRP)	
Treatment Foster Care (TFC)		Respite Care Services Program (RCSP)	
Independent Living Program (ILP)		Supported Employment Program (SEP)	
Other:		Other:	

SERVICES LOCATION

Please indicate the counties your organization serves.

Allegany County <input type="checkbox"/>	Carroll County <input type="checkbox"/>	Harford County <input type="checkbox"/>	St. Mary's County <input type="checkbox"/>
Anne Arundel County <input type="checkbox"/>	Cecil County <input type="checkbox"/>	Howard County <input type="checkbox"/>	Somerset County <input type="checkbox"/>
Baltimore City <input type="checkbox"/>	Charles County <input type="checkbox"/>	Kent County <input type="checkbox"/>	Talbot County <input type="checkbox"/>
Baltimore County <input type="checkbox"/>	Dorchester County <input type="checkbox"/>	Montgomery County <input type="checkbox"/>	Washington County <input type="checkbox"/>
Calvert County <input type="checkbox"/>	Frederick County <input type="checkbox"/>	Prince George's County <input type="checkbox"/>	Wicomico County <input type="checkbox"/>
Caroline County <input type="checkbox"/>	Garrett County <input type="checkbox"/>	Queen Anne's County <input type="checkbox"/>	Worcester County <input type="checkbox"/>

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