## **Attachment B- Facility Credentialing Data**

Identification Number	Name of Facility	M/S or MH, or SUD (all that apply)	(include what	Type of Service/Program provided at the facility (e.g. residential treatment for mental health(adults))	Date Application Received	Date any additional information requested

Date any additional	Date(s) of any	Date Contract	Reason Facility was	Date Facility	Reason Facility Did
information received	Extension Request(s) and length of each extension.	Offered or Denied	Denied Entrance	Withdrew Application and reason	not Accept Offered Contract
					+
					+