



Provider Inquiry for Dyadic Services

Provider/Agency Name: _____

Provider/Agency Phone Number: _____

Provider/Agency E-mail: _____

Are you currently contracted with IEHP? _____

Provider Line of Business: _____

Providers interested in providing Dyadic Services must be enrolled as Medi-Cal Providers.

Provider Type(s): _____

Ex. Licensed Psychologists, Psychiatric Nurse Practitioners, and Psychiatrists, Licensed Clinical Social Worker (LCSW), etc. Please refer to APL 22-029 and NSMHS: Psychiatric and Psychological Services section of the Medi-Cal Provider Manual for a full list of Providers that may provide Dyadic Services.

What city(ies) do you service: _____

Areas of Expertise: _____

Which Dyadic Services are you interested in offering?

Please refer to APL 22-029 for details on the different types of Dyadic Services.

- Dyadic Behavioral Health (DBH) Well-Child visits
- Dyadic Comprehensive Community Supports Services
- Dyadic Psychoeducational Services
- Dyadic Family Training and Counseling for Child Development
- Dyadic Parent or Caregiver Services
- Other: _____

Limitations/Out of Scope: _____