


Provider Enrollment (PE) to Case Management (CM) Data Points Transfer Technical Guide



Provider Enrollment (PE) to Case Management (CM) Data Points Transfer

The data points below are transferred from the Provider Enrollment Tool to Provider Case Management. Information flows into the Provider and Therapist sections.

 After a new provider is approved, it's essential that the agency or individual diligently review all panels within their Case Management Profile to ensure the accuracy and contract completeness of the information. This task requires attention to detail.



The Agency and Individual Applications are divided into two (2) sections. Each section indicates which information flows to the Provider record (**black**) and which goes to the therapist (**blue**). Some data moves to both places, while others are in multiple locations within a record.

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Agency PAT to CM							
Basic Information	Contact Info	Applicant ID	Provider	Provider Information	Basic Demographics; Contact/Identifying info	EIP Provider ID; EIP Provider ID	
Basic Information	Contact Info	Agency Legal Name	Provider	Provider Information	Contact/Identifying info	Legal Name	
Basic Information	Contact Info	Doing Business As	Provider	Provider Information	Basic Demographics	Doing Business As (DBA)	
Basic Information	Contact Info	FEIN	Provider	Provider Information	Basic Demographics	Non-masked Tax ID Number (FEIN)/Masked Tax ID (FEIN)	
Basic Information	Contact Info	National Provider Identifier (NPI)	Provider	Provider Information	NPI Information	NPI Number	
Basic Information	Contact Info	website	Provider	Provider Information	Basic Demographics	Website URL	
Basic Information	Contact Info	Agency Primary Phone Number	Provider	Provider Information	Phone Number	Phone Number/Phone Number Type (Work)	
Basic Information	Contact Info	Agency Fax number	Provider	Provider Information	Phone Number	Phone Number/Type (fax)	
Basic Information	(Mailing address)	Line 1	Provider	Provider Information	Provider Address	Address Line 1	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Basic Information	(Mailing address)	line 2	Provider	Provider Information	Provider Address	Address Line 2	
Basic Information	(Mailing address)	line 3	Provider	Provider Information	Provider Address	Address Line 3	
Basic Information	(Mailing address)	zip code	Provider	Provider Information	Provider Address	Zip Code	
Basic Information	(Mailing address)	city/town	Provider	Provider Information	Provider Address	city/Town	
Basic Information	(Mailing address)	State	Provider	Provider Information	Provider Address	Address State	
Basic Information	(Physical location)	line 1	Provider	Provider Information	Provider Address	Address Line 1	
Basic Information	(Physical location)	line 2	Provider	Provider Information	Provider Address	Address Line 2	
Basic Information	(Physical location)	line 3	Provider	Provider Information	Provider Address	Address Line 3	
Basic Information	(Physical location)	city/town	Provider	Provider Information	Provider Address	city/Town	
Basic Information	(Physical location)	state	Provider	Provider Information	Provider Address	Address State	
Basic Information	(Physical location)	zip code	Provider	Provider Information	Provider Address	Zip Code	
Basic Information	(Physical location)	county/borough	Provider	Provider Information	Provider Address	Address County	
Basic Information	(Billing address)	line 1	Provider	Provider Information	Provider Address	Address Line 1	
Basic Information	(Billing address)	line 2	Provider	Provider Information	Provider Address	Address Line 2	
Basic Information	(Billing address)	line 3	Provider	Provider Information	Provider Address	Address Line 3	
Basic Information	(Billing address)	zip code	Provider	Provider Information	Provider Address	Zip Code	
Basic Information	(Billing address)	city/town	Provider	Provider Information	Provider Address	city/Town	
Basic Information	(Billing address)	State	Provider	Provider Information	Provider Address	Address State	
Basic Information	n/a	Agency Main Contact Person Salutation	Provider	Provider Information	Contact/Identifying Information	Salutation	
Basic Information	n/a	Agency Main Contact Person First Name	Provider	Provider Information	Contact/Identifying Information	First Name	
Basic Information	n/a	Agency Main Contact Person Middle Name/Initial	Provider	Provider Information	Contact/Identifying Information	Middle Name	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Basic Information	n/a	Agency Main Contact Person Last Name	Provider	Provider Information	Contact/Identifying Information	Last Name	
Basic Information	n/a	Main Contact Person AKA/Maiden name	Provider	Provider Information	Contact/Identifying Information	Alias Name	
Basic Information	n/a	Agency Main Contact Person Title	Provider	Provider Information	Contact/Identifying Information	Title	
Basic Information	n/a	Main Contact Person's Primary Email	Provider	Provider Information	Contact/Identifying Information	Email Address	
Basic Information	n/a	Main Contact Person Primary Phone Number	Provider	Provider Information	Phone Number	Phone Number/Phone number type (Primary)	
Basic Information	n/a	Main Contact Person Fax Number	Provider	Provider Information	Phone Number	Phone Number/Phone Number Type (fax)	
Director	Director	Director's Salutation	Provider; Therapist	Agency Director; Demographics	Agency Director; Basic Demographics	Salutation; Salutation	
Director	Director	Director's First Name	Provider; Therapist	Agency Director; Demographics	Agency Director; Basic Demographics	First name; First Name	
Director	Director	Director's Middle Name/Initial	Provider; Therapist	Agency Director; Demographics	Agency Director; Basic Demographics	Middle Name/Initial ; Middle Name or Initial	
Director	Director	Director's Last Name	Provider; Therapist	Agency Director; Demographics	Agency Director; Basic Demographics	Last Name; Last Name	
Director	Director	Director's Suffix	Provider; Therapist	Agency Director; Demographics	Agency Director; Basic Demographics	Suffix; Suffix	
Director	Director	Director's AKA Name	Provider; Therapist	Agency Director; Demographics	Agency Director; Basic Demographics	AKA/Maiden Name; Alias	
Director	Director	Director Social Security Number	Provider; Therapist	Agency Director; Demographics	Agency Director; Identifiers	Masked Social Security Number/Non-masked Social Security Number; Masked	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
						Social Security Number/No n-masked Social Security Number	
Director	Director	Director's Effective Date with this Agency	Provider	Agency Director	Agency Director	Start Date	
Director	Director	Director's HCS Username	Provider; Therapist	Agency Director; Demographics	Agency Director; Identifiers	Health Commerce System (HCS) Username; Health Commerce System (HCS) User ID	
Director	Director	Director's Office Phone Number	Provider; Therapist	Provider Information; Demographics	Phone Number; Personal Phone Numbers	Phone Number/Phone Number Type (Office); Phone Number/Phone number Type (work)	
Director	Director	Primary Email	Therapist	Company, Employment	Employment Details entry	Contact Email	
Director	Director Profession	Will the Director provide direct service?	Provider	Agency Director	Agency Director	Will the director provide direct EI services?	
Director	Director Profession	NPI	Provider; Therapist	Agency Director; Demographics	Agency Director, Identifiers	NPI; NPI	
Director	Director Profession	Sex	Provider; Therapist	Agency Director; Demographics	Agency Director; Basic Demographics	Sex; Sex	
Director	Director Profession	Profession	Provider; Therapist	Agency Director; Professional	Agency Director Profession; License and Certification	Profession; Profession	
Director	Director Profession	If Other	Provider	Agency Director	Agency Director Profession	If Other	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Director	Director Profession	Specialty	Provider	Agency Director	Agency Director Profession	Provider Specialty	
Director	Director Profession	License/Certificat ion Type	Provider; Therapist	Agency Director; Professional	Agency Director Profession; License and Certification	License/Ce rtification Type; License Certification Type	
Director	Director Profession	If Other	Provider	Agency Director	Agency Director Profession	If Other	
Director	Director Profession	License/Certificat ion Control Number	Provider; Therapist	Agency Director; Professional	Agency Director Profession; License and Certification	License/Ce rtification Control Number; License/Ce rtification Control Number	
Director	Director Profession	License/Certificat ion Effective Date	Provider; Therapist	Agency Director; Professional	Agency Director Profession; License and Certification	Effective Date; Effective Date	
Director	Director Profession	License/Certificat ion Expiration Date	Provider; Therapist	Agency Director; Professional	Agency Director Profession; License and Certification	Expiration Date; Expiration Date	
Director	Director Experience	Employer Name	Provider	Agency Director	Agency Director Experience	Employer Name	
Director	Director Experience	Employed From	Provider	Agency Director	Agency Director Experience	Employed From	
Director	Director Experience	Employed To	Provider	Agency Director	Agency Director Experience	Employed To	
Director	Director Experience	Employer Address Line 1	Provider	Agency Director	Agency Director Experience	Employer Address Line 1	
Director	Director Experience	Employer Address Line 2	Provider	Agency Director	Agency Director Experience	Employer Address Line 2	
Director	Director Experience	Employer Address Line 3	Provider	Agency Director	Agency Director Experience	Employer Address Line 3	
Director	Director Experience	Employer Address City/Town	Provider	Agency Director	Agency Director Experience	Employer Address City/Town	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Director	Director Experience	Employer Address State	Provider	Agency Director	Agency Director Experience	Employer Address State	
Director	Director Experience	Employer Address ZIP	Provider	Agency Director	Agency Director Experience	Employer Address ZIP	
Director	Director Experience	Title of Position Held	Provider	Agency Director	Agency Director Experience	Title of Position Held	
Director	Director Experience	Name of Supervisor	Provider	Agency Director	Agency Director Experience	Name of Supervisor	
Director	Director Experience	Employers Phone Number	Provider	Agency Director	Agency Director Experience	Employers Phone Number	
Director	Director Experience	Number of Hours Worked per Week	Provider	Agency Director	Agency Director Experience	Number of Hours Worked per Week	
Director	Director Experience	Calculated Total Hours	Provider	Agency Director	Agency Director Experience	Calculated Total Hours	
Director	Director's out of State Addresses	Line 1	Provider	Agency Director	Agency Director Out of State Address	Address Line 1	
Director	Director's out of State Addresses	Line 2	Provider	Agency Director	Agency Director Out of State Address	Address Line 2	
Director	Director's out of State Addresses	Line 3	Provider	Agency Director	Agency Director Out of State Address	Address Line 3	
Director	Director's out of State Addresses	city/Town	Provider	Agency Director	Agency Director Out of State Address	city/Town	
Director	Director's out of State Addresses	State	Provider	Agency Director	Agency Director Out of State Address	State	
Director	Director's out of State Addresses	ZIP	Provider	Agency Director	Agency Director Out of State Address	Zip Code	
Agency Background	Type of Ownership	Select the Agency's Type of Ownership	Provider	Provider Information	Agency Background	Agency Type of Ownership	
Agency Background	Associations	Currently approved, certified, or licensed by the New York State Department of Health?	Provider	Provider Information	Agency Background	Currently approved, certified, or licensed by the New York State Department of Health?	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Agency Background	Associations	Article 28 PHL Diagnostic and Treatment Center?	Provider	Provider Information	Agency Background	Article 28 PHL Diagnostic and Treatment Center?	
Agency Background	Associations	License/Certification Control Number	Provider	Provider Information	Agency Background	License/Certification Control Number	
Agency Background	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Background	Associations	Article 28 PHL Hospital-based Outpatient Clinic?	Provider	Provider Information	Agency Background	Article 28 PHL Hospital-based Outpatient Clinic?	
Agency Background	Associations	License/Certification Control Number	Provider	Provider Information	Agency Background	License/Certification Control Number	
Agency Background	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Background	Associations	Article 36 Certified Home Health Agency?	Provider	Provider Information	Agency Background	Article 36 Certified Home Health Agency?	
Agency Background	Associations	License/Certification Control Number	Provider	Provider Information	Agency Background	License/Certification Control Number	
Agency Background	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Background	Associations	Is the agency an approved Medicaid provider?	Provider	Provider Information	Agency Background	Is the agency an approved Medicaid provider?	
Agency Background	Medicaid Providers	Medicaid Provider ID	Provider	Insurance Info	Medicaid	Provider ID	
Agency Background	Medicaid Providers	Medicaid Type	Provider	Insurance Info	Medicaid	Medicaid Type	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Agency Backgroun d	Medicaid Providers	Recertification date	Provider	Insurance Info	Medicaid	Recertificati on date	
Agency Backgroun d	Associations	Currently approved, certified, or licensed by the New York State Education Department?	Provider	Provider Information	Agency Background	Currently approved, certified, or licensed by the New York State Education Department ?	
Agency Backgroun d	Associations	Section 4410 Education Law?	Provider	Provider Information	Agency Background	Section 4410 Education Law?	
Agency Backgroun d	Associations	License/Certificat ion Control Number	Provider	Provider Information	Agency Background	License/Ce rtification Control Number	
Agency Backgroun d	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Backgroun d	Associations	School District/Boards of Cooperative Education Services (BOCES)?	Provider	Provider Information	Agency Background	School District/Boa rds of Cooperativ e Education Services (BOCES)?	
Agency Backgroun d	Associations	License/Certificat ion Control Number	Provider	Provider Information	Agency Background	License/Ce rtification Control Number	
Agency Backgroun d	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Backgroun d	Associations	Adult Career and Continuing Education Services (ACCESS)?	Provider	Provider Information	Agency Background	Adult Career and Continuing Education Services (ACCESS) ?	
Agency Backgroun d	Associations	License/Certificat ion Control Number	Provider	Provider Information	Agency Background	License/Ce rtification Control Number	
Agency Backgroun d	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
						Program Review	
Agency Background	Associations	Office for People with Developmental Disabilities?	Provider	Provider Information	Agency Background	Office for People with Developmental Disabilities?	
Agency Background	Associations	Article 16 OMRDD clinic?	Provider	Provider Information	Agency Background	Article 16 OMRDD clinic?	
Agency Background	Associations	License/Certification Control Number	Provider	Provider Information	Agency Background	License/Certification Control Number	
Agency Background	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Background	Associations	Comprehensive Medicaid Case Management?	Provider	Provider Information	Agency Background	Comprehensive Medicaid Case Management?	
Agency Background	Associations	License/Certification Control Number	Provider	Provider Information	Agency Background	License/Certification Control Number	
Agency Background	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Background	Associations	Office of Mental Health?	Provider	Provider Information	Agency Background	Office of Mental Health?	
Agency Background	Associations	Article 31 MHL clinic?	Provider	Provider Information	Agency Background	Article 31 MHL clinic?	
Agency Background	Associations	License/Certification Control Number	Provider	Provider Information	Agency Background	License/Certification Control Number	
Agency Background	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Background	Associations	Office for Addiction Services and Support?	Provider	Provider Information	Agency Background	Office for Addiction Services and Support?	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Agency Background	Associations	Article 22 Service Provider?	Provider	Provider Information	Agency Background	Article 22 Service Provider?	
Agency Background	Associations	License/Certification Control Number	Provider	Provider Information	Agency Background	License/Certification Control Number	
Agency Background	Associations	Date of last Audit or Program Review	Provider	Provider Information	Agency Background	Date of last Audit or Program Review	
Agency Background	Insurance	Insurance Carrier	Provider	Insurance Info	Insurance Information	Name of Insurance Carrier	
Agency Background	Insurance	insurance carrier provider ID#	Provider	Insurance Info	Insurance Information	Insurance Provider ID#	
Agency Background	Insurance	In-Network Participation Effective Date	Provider	Insurance Info	Insurance Information	Participation Effective Date	
Agency Background	Insurance	Medicaid Tracking Number	Provider	Insurance Info	Medicaid	Provider ID/Medicaid Type (Tracking number)	
Seeking to Provide	Specialty Populations	Select populations where the agency's staff has distinct knowledge, skills, and experience.	Provider	Special Pop/Languages	Specialty Populations	Specialty Population	
Seeking to Provide	Specialty Populations	Specialty Population other	Provider	Special Pop/Languages	Specialty Populations	Other Population	
Seeking to Provide	Languages	Language	Provider	Special Pop/Languages	Provider Languages	Language	
Seeking to Provide	Languages	Other language	Provider	Special Pop/Languages	Provider Languages	Other language	
Seeking to Provide	Service Sites/Service Site	Location Name	Provider	Service Sites	Service Sites/Provider Service Site	Location Name	
Seeking to Provide	Service Sites/Service Site	Classroom Name/Room Number	Provider	Service Sites	Service Sites/Provider Service Site	Classroom Name/Room Number	
Seeking to Provide	Service Sites/Service Site	Age Ranges served at this site	Provider	Service Sites	Service Sites/Provider Service Site	Age Range served at this site	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Seeking to Provide	Service Sites/Site	Line 1	Provider	Service Sites	Service Sites/Provider Service Site	Address 1	
Seeking to Provide	Service Sites/Site	Line 2	Provider	Service Sites	Service Sites/Provider Service Site	Address 2	
Seeking to Provide	Service Sites/Site	Line 3	Provider	Service Sites	Service Sites/Provider Service Site	Address 3	
Seeking to Provide	Service Sites/Site	city/Town	Provider	Service Sites	Service Sites/Provider Service Site	City	
Seeking to Provide	Service Sites/Site	State	Provider	Service Sites	Service Sites/Provider Service Site	State	
Seeking to Provide	Service Sites/Site	ZIP	Provider	Service Sites	Service Sites/Provider Service Site	Zip Code	
Seeking to Provide	Service Sites/Site	Location Address County/Borough	Provider	Service Sites	Service Sites/Provider Service Site	County	
Seeking to Provide	Service Sites/Site	Is this building used for any other purposes?	Provider	Service Sites	Service Sites/Provider Service Site	The building was used for another purpose	
Seeking to Provide	Service Sites/Site	Provide details	Provider	Service Sites	Service Sites/Provider Service Site	Provide Details	
Seeking to Provide	Service Sites/Site	Is this site ADA- compliant?	Provider	Service Sites	Service Sites/Provider Service Site	Is this Site ADA Compliant?	
Seeking to Provide	Service Sites/Site/Sit e Contact Person	Salutation	Provider	Service Sites	Service Sites/Provider Service Site/Site Contact Person	Salutation	
Seeking to Provide	Service Sites/Site/Sit e Contact Person	Site Contact Person First Name	Provider	Service Sites	Service Sites/Provider Service Site/Site Contact Person	First Name	
Seeking to Provide	Service Sites/Site/Sit e Contact Person	Site Contact Person Last Name	Provider	Service Sites	Service Sites/Provider Service Site/Site Contact Person	Last Name	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Seeking to Provide	Service Sites/Site/Sit e Contact Person	Title	Provider	Service Sites	Service Sites/Provider Service Site/Site Contact Person	Title	
Seeking to Provide	Service Sites/Site/Sit e Contact Person	Primary Phone Number	Provider	Service Sites	Service Sites/Provider Service Site/Site Contact Person	Contact Phone Number	
Seeking to Provide	Service Sites/Site/Sit e Contact Person	Primary Email	Provider	Service Sites	Service Sites/Provider Service Site/Site Contact Person	Contact Primary Email	
Seeking to Provide	Service Sites/Site	Is this Treatment site located outside of NYC?	Provider	Service Sites	Service Sites (provider Service Site)	Is this Service Site located inside of NYC?	
Seeking to Provide	Service Sites/Site	Will each child's parent or guardian be present for all sessions?	Provider	Service Sites	Service Sites (provider Service Site)	Will each child's parent or guardian be present for all sessions?	
Seeking to Provide	Service Sites/Site	Will the agency provide group services to three or more children for three or more hours per day per child?	Provider	Service Sites	Service Sites (provider Service Site)	Will the agency provide services to three or more children for three or more hours a day per child?	
Seeking to Provide	Service Sites/Site	Do you currently hold a NYS Office of Children and Family Services day care permit/license for children ages birth through age two at this site?	Provider	Service Sites	Service Sites (provider Service Site)	Do you currently hold an NYC DOH and Mental Hygiene day care permit/licen se for children ages birth through age two at this site?	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Seeking to Provide	Service Sites/Site	Name of Day care	Provider	Service Sites	Service Sites (provider Service Site)	Name of Day Care	
Seeking to Provide	Service Sites/Site	License/Permit Number	Provider	Service Sites	Service Sites (provider Service Site)	License/per mit number	
Seeking to Provide	Service Sites/Site	License Effective Date	Provider	Service Sites	Service Sites (provider Service Site)	License Effective Date	
Seeking to Provide	Service Sites/Site	License Expiration Date	Provider	Service Sites	Service Sites (provider Service Site)	License Expiration Date	
Seeking to Provide	Service Sites/Site	Will each child's parent or guardian be present for all sessions?	Provider	Service Sites	Service Sites (provider Service Site)	Will each child's parent or guardian be present for all sessions?	
Seeking to Provide	Service Sites/Site	Will the agency provide services to three or more children for five or more hours per week for more than 30 days in a 12- month period?	Provider	Service Sites	Service Sites (provider Service Site)	Will the agency provide group services to three or more children for three or more hours a day per child?	
Seeking to Provide	Service Sites/Site	Do you currently hold an NYC DOH and Mental Hygiene day care permit/license for children ages birth through age two at this site?	Provider	Service Sites	Service Sites (provider Service Site)	Do you currently hold a NYS Office of Children and Family Services day care permit/licen se for children ages birth through age two at this site?	
Seeking to Provide	Service Sites/Site	Name of Day care	Provider	Service Sites	Service Sites (provider Service Site)	Name of Day Care	
Seeking to Provide	Service Sites/Site	License/Permit Number	Provider	Service Sites	Service Sites (provider Service Site)	License/per mit number	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Seeking to Provide	Service Sites/Site	License Effective Date	Provider	Service Sites	Service Sites (provider Service Site)	License Effective Date	
Seeking to Provide	Service Sites/Site	License Expiration Date	Provider	Service Sites	Service Sites (provider Service Site)	License Expiration Date	
Seeking to Provide	Service Sites- Service Types and Models	Service Model	Provider	Services	Services/Provi der Services	Service Model	
Seeking to Provide	Service Sites- Service Types and Models	Service Type	Provider	Services	Services/Provi der Services	Service Type	
Seeking to Provide	Service Sites- Service Types and Models	Catchment Area	Provider	Services	Services/Provi der Services	Catchment Area	
Seeking to Provide	Service Sites- CPR	First Name	Provider	Service Sites	CPR Certification	First Name	
Seeking to Provide	Service Sites- CPR	Last Name	Provider	Service Sites	CPR Certification	Last Name	
Seeking to Provide	Service Sites- CPR	Entity Issuing Certification	Provider	Service Sites	CPR Certification	Entity Issuing Certification	
Seeking to Provide	Service Sites- CPR	Certification Number	Provider	Service Sites	CPR Certification	Certification Number	
Seeking to Provide	Service Sites- CPR	Certification Effective Date	Provider	Service Sites	CPR Certification	Certification Effective Date	
Seeking to Provide	Service Sites- CPR	Certification Expiration Date	Provider	Service Sites	CPR Certification	Certification Expiration Date	
Seeking to Provide	Service Sites- Certifications	Certificate of Occupancy License/Certificat ion	Provider	Service Sites	Service Site Certification	Location Name/Certi fication Type/ License/Ce rtification Control Number	
Seeking to Provide	Service Sites- Certifications	Effective Date	Provider	Service Sites	Service Site Certification	Effective Date	
Seeking to Provide	Service Sites- Certifications	Expiration Date	Provider	Service Sites	Service Site Certification	Expiration Date	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Seeking to Provide	Service Sites- Certifications	Building Inspection License/Certificat ion Control Number	Provider	Service Sites	Service Site Certification	Location Name/Certi fication Type/ License/Ce rtification Control Number	
Seeking to Provide	Service Sites- Certifications	Effective Date	Provider	Service Sites	Service Site Certification	Effective Date	
Seeking to Provide	Service Sites- Certifications	Expiration Date	Provider	Service Sites	Service Site Certification	Expiration Date	
Seeking to Provide	Service Sites- Certifications	Fire Inspection License/Certificat ion Control Number	Provider	Service Sites	Service Site Certification	Location Name/Certi fication Type/ License/Ce rtification Control Number	
Seeking to Provide	Service Sites- Certifications	Effective Date	Provider	Service Sites	Service Site Certification	Effective Date	
Seeking to Provide	Service Sites- Certifications	Expiration Date	Provider	Service Sites	Service Site Certification	Expiration Date	
Seeking to Provide	Service Types and Models	Service Model	Provider	Services	Services/Provi der Services	Service Model	
Seeking to Provide	Service Types and Models	Service Type	Provider	Services	Services/Provi der Services	Service Type	
Seeking to Provide	Service Types and Models	Catchment Area	Provider	Services	Services/Provi der Services	Catchment Area	
Seeking to Provide	Qualified Professional 1	Salutation	Therapist	Demographics	Basic Demographics	Salutation	
Seeking to Provide	Qualified Professional 1	First Name	Therapist	Demographics	Basic Demographics	First Name	
Seeking to Provide	Qualified Professional 1	Middle Name/Initial	Therapist	Demographics	Basic Demographics	Middle Name or Initial	
Seeking to Provide	Qualified Professional 1	Last Name	Therapist	Demographics	Basic Demographics	Last Name	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Seeking to Provide	Qualified Professional 1	Suffix	Therapist	Demographics	Basic Demographics	Suffix	
Seeking to Provide	Qualified Professional 1/Address	Line1	Therapist	Demographics	Addresses	Address Line 1	
Seeking to Provide	Qualified Professional 1/Address	Line2	Therapist	Demographics	Addresses	Address Line 2	
Seeking to Provide	Qualified Professional 1/Address	Line3	Therapist	Demographics	Addresses	Address Line 3	
Seeking to Provide	Qualified Professional 1/Address	Zip Code	Therapist	Demographics	Addresses	Zip Code	
Seeking to Provide	Qualified Professional 1/Address	City/Town	Therapist	Demographics	Addresses	city/Town	
Seeking to Provide	Qualified Professional 1/Address	State	Therapist	Demographics	Addresses	Address State	
Seeking to Provide	Qualified Professional 1	Primary Phone Number	Therapist	Demographics	Personal Phone Numbers	Phone Number/Ph one Number Type (work)	
Seeking to Provide	Qualified Professional 1	Primary Email	Therapist	Demographics	Personal Email	Email Address	
Seeking to Provide	Qualified Professional 1	Social Security Number	Therapist	Demographics	Identifiers	Masked Social Security Number/No n-masked Social Security Number	
Seeking to Provide	Qualified Professional 1	NPI	Therapist	Demographics	Identifiers	NPI	
Seeking to Provide	Qualified Professional 1	Date of Birth	Therapist	Demographics	Basic Demographics	DOB	
Seeking to Provide	Qualified Professional 1	Sex	Therapist	Demographics	Basic Demographics	Sex	
Seeking to Provide	Qualified Professional 1	Profession	Therapist	Professional	License and Certification	Profession	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Seeking to Provide	Qualified Professional 1	License/Certificat ion Type	Therapist	Professional	License and Certification	License Certification Type	
Seeking to Provide	Qualified Professional 1	License/Certificat ion Control Number	Therapist	Professional	License and Certification	License/Ce rtification Control Number	
Seeking to Provide	Qualified Professional 1	License/Certificat ion Effective Date	Therapist	Professional	License and Certification	Effective Date	
Seeking to Provide	Qualified Professional 1	License/Certificat ion Expiration Date	Therapist	Professional	License and Certification	Expiration Date	
Seeking to Provide	Qualified Professional 2	Salutation	Therapist	Demographics	Basic Demographics	Salutation	
Seeking to Provide	Qualified Professional 2	First Name	Therapist	Demographics	Basic Demographics	First Name	
Seeking to Provide	Qualified Professional 2	Middle Name/Initial	Therapist	Demographics	Basic Demographics	Middle Name or Initial	
Seeking to Provide	Qualified Professional 2	Last Name	Therapist	Demographics	Basic Demographics	Last Name	
Seeking to Provide	Qualified Professional 2	Suffix	Therapist	Demographics	Basic Demographics	Suffix	
Seeking to Provide	Qualified Professional 2	Line1	Therapist	Demographics	Addresses	Address Line 1	
Seeking to Provide	Qualified Professional 2	Line2	Therapist	Demographics	Addresses	Address Line 2	
Seeking to Provide	Qualified Professional 2	Line3	Therapist	Demographics	Addresses	Address Line 3	
Seeking to Provide	Qualified Professional 2	Zip Code	Therapist	Demographics	Addresses	Zip Code	
Seeking to Provide	Qualified Professional 2	city/Town	Therapist	Demographics	Addresses	city/Town	
Seeking to Provide	Qualified Professional 2	State	Therapist	Demographics	Addresses	Address State	
Seeking to Provide	Qualified Professional 2	Primary Phone Number	Therapist	Demographics	Personal Phone Numbers	Phone Number/Ph one	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
						Number Type (work)	
Seeking to Provide	Qualified Professional 2	Primary Email	Therapist	Demographics	Personal Email	Email Address	
Seeking to Provide	Qualified Professional 2	Social Security Number	Therapist	Demographics	Identifiers	Masked Social Security Number/No n-masked Social Security Number	
Seeking to Provide	Qualified Professional 2	NPI	Therapist	Demographics	Identifiers	NPI	
Seeking to Provide	Qualified Professional 2	Date of Birth	Therapist	Demographics	Basic Demographics	DOB	
Seeking to Provide	Qualified Professional 2	Sex	Therapist	Demographics	Basic Demographics	Sex	
Seeking to Provide	Qualified Professional 2	Profession	Therapist	Professional	License and Certification	Profession	
Seeking to Provide	Qualified Professional 2	License/Certificat ion Type	Therapist	Professional	License and Certification	License Certification Type	
Seeking to Provide	Qualified Professional 2	License/Certificat ion Control Number	Therapist	Professional	License and Certification	License/Ce rtification Control Number	
Seeking to Provide	Qualified Professional 2	License/Certificat ion Effective Date	Therapist	Professional	License and Certification	Effective Date	
Seeking to Provide	Qualified Professional 2	License/Certificat ion Expiration Date	Therapist	Professional	License and Certification	Expiration Date	
Seeking to Provide	Employees and Contractors	Profession	Provider	Agency Professions	Approved Qualified Professions	Profession	
Seeking to Provide	Employees and Contractors	Profession specialty	Provider	Agency Professions	Approved Qualified Professions	Profession specialty	
Individual PAT to CM							
Identifying Info	n/a	applicant ID	Provider	Provider Information	Basic Demographics; Contact/Identif ying Information	EIP Provider ID; EIP Provider ID	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Identifying Info	n/a	Salutation	Provider; Therapist	Provider Information; Demographics	Contact/Identif ying info; Basic Demographics	Salutation; Salutation	
Identifying Info	n/a	Applicant First Name	Provider; Therapist	Provider Information; Demographics	Basic Demographics; Contact/Identif ying info; Basic Demographics	Legal Name, First Name; Provider Name, First Name	
Identifying Info	n/a	Applicant's Middle Name/Initial	Provider; Therapist	Provider Information; Demographics	Contact/Identif ying info; Basic Demographics	Middle Name; Middle Name or Initial	
Identifying Info	n/a	Applicant Last Name	Provider; Therapist	Provider Information; Demographics	Basic Demographics; Contact/Identif ying info; Basic Demographics	Provider Name; Legal Name, Last Name; Last Name	
Identifying Info	n/a	Applicant Suffix	Provider; Therapist	Provider Information; Demographics	Contact/Identif ying info; Basic Demographics	Suffix; Suffix	
Identifying Info	n/a	AKA Name/Maiden Name	Provider; Therapist	Provider Information; Demographics	Contact/Identif ying info; Basic Demographics	Alias Name; Alias	
Identifying Info	n/a	Doing Business As (DBA)	Provider	Provider Information	Basic Demographics; Contact/Identif ying Information	Doing Business As (DBA); legal name	
Identifying Info	n/a	Federal Employer Identification Number (FEIN)	Provider; Therapist	Provider Information, Demographics	Basic Demographics; Identifiers	Non- masked Tax ID Number (FEIN), Masked Tax ID Number (FEIN); Non- masked Tax ID Number (FEIN), Masked Tax ID Number (FEIN)	
Identifying Info	n/a	Organization National Provider Identifier (NPI)	Provider; Therapist	Provider Information, Demographics	NPI Information; Identifiers	NPI Number/NP I Type/NPI Service; NPI	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Identifying Info	n/a	Social Security Number	Provider; Therapist	Provider Information, Demographics	Basic Demographics; Identifiers	Masked SSN / ETIN Number & Non- masked SSN/ETIN Number; Masked Social Security Number/Un masked Social Security Number	
Identifying Info	n/a	Date of Birth	Provider; Therapist	Provider Information, Demographics	Contact/Identif ying info; Basic Demographics	Date of Birth; DOB	
Identifying Info	n/a	Individual National Provider Identifier (NPI)	Provider; Therapist	Provider Information, Demographics	NPI Information; Identifiers	NPI Number/NP I Type/NPI Service; NPI	
Identifying Info	n/a	Health Commerce System (HCS) username	Provider; Therapist	Provider Information; Demographics	Contact/Identif ying info: Identifiers	Health Commerce System (HCS) User ID; Health Commerce System (HCS)	
Identifying Info	n/a	Alternate ID	Provider	Provider Information	Contact/Identif ying info	Alternate ID	
Identifying Info	n/a	Email	Provider	Provider Information	Contact/Identif ying info	Email Address	
Identifying Info	Mailing Address	line 1	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 1; Address Line 1	
Identifying Info	Mailing Address	line 2	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 2; Address Line 2	
Identifying Info	Mailing Address	line 3	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 3; Address Line 3	
Identifying Info	Mailing Address	zip code	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Zip Code; Zip Code	
Identifying Info	Mailing Address	city/town	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	city/Town; city/Town	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Identifying Info	Mailing Address	state	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address State; Address State	
Identifying Info	Physical Location Address	line 1	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 1; Address Line 1	
Identifying Info	Physical Location Address	line 2	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 2; Address Line 2	
Identifying Info	Physical Location Address	line 3	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 3; Address Line 3	
Identifying Info	Physical Location Address	city/town	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	city/Town; city/Town	
Identifying Info	Physical Location Address	state	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address State; Address State	
Identifying Info	Physical Location Address	zip code	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Zip Code; Zip Code	
Identifying Info	Physical Location Address	County/Borough	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address County; Address County	
Identifying Info	Billing Address	line 1	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 1; Address Line 1	
Identifying Info	Billing Address	line 2	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 2; Address Line 2	
Identifying Info	Billing Address	line 3	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address Line 3; Address Line 3	
Identifying Info	Billing Address	zip code	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Zip Code; Zip Code	
Identifying Info	Billing Address	city/town	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	city/Town; city/Town	
Identifying Info	Billing Address	state	Provider; Therapist	Provider Information; Demographics	Provider Address; Addresses	Address State;	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
						Address State	
Identifying Info	n/a	Primary Phone Number	Provider; Therapist	Provider Information: Therapist	Phone Number; Personal Phone Numbers	Phone Number/Ph one Number Type/Priorit y; Phone number Type/Phon e Number/St atus/Priority	
Identifying Info	n/a	Additional Phone- Office	Provider; Therapist	Provider Information: Therapist	Phone Number; Personal Phone Numbers	Phone Number/Ph one Number Type/Priorit y; Phone number Type/Phon e Number/St atus/Priority	
Identifying Info	n/a	Additional Phone- Mobile	Provider; Therapist	Provider Information: Therapist	Phone Number; Personal Phone Numbers	Phone Number/Ph one Number Type/Priorit y; Phone number Type/Phon e Number/St atus/Priority	
Identifying Info	n/a	Additional Phone- Pager	Provider; Therapist	Provider Information: Therapist	Phone Number; Personal Phone Numbers	Phone Number/Ph one Number Type/Priorit y; Phone number Type/Phon e Number/St atus/Priority	
Identifying Info	n/a	Additional Phone- Home	Provider; Therapist	Provider Information: Therapist	Phone Number; Personal Phone Numbers	Phone Number/Ph one Number Type/Priorit y; Phone number Type/Phon e	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
						Number/St atus/Priority	
Identifying Info	n/a	Additional Phone- Fax	Provider; Therapist	Provider Information: Therapist	Phone Number; Personal Phone Numbers	Phone Number/Ph one Number Type/Priorit y; Phone number Type/Phon e Number/St atus/Priority	
Professiona l Experience And Certification	Profession	Profession	Provider; Therapist	Professional Qualifications; License and Certification/C ompany- Employment	Licenses: License and Certification/Pr ofession	Profession; Profession/ Profession	
Professiona l Experience And Certification	Profession	Profession specialty	Provider; Therapist	Professional Qualifications; License and Certification/C ompany- Employment	Licenses: License and Certification/Pr ofession	Profession; Profession specialty/Pr ofession specialty	
Professiona l Experience And Certification	Profession	License/Certificat ion Control Number	Provider; Therapist	Professional Qualifications: License and Certification	Licenses: License and Certification	License/Ce rtification Control Number; License/Ce rtification Control Number	
Professiona l Experience And Certification	Profession	License/Certificat ion Control type	Provider; Therapist	Professional Qualifications: License and Certification	Licenses: License and Certification	License Type; License Certification Type	
Professiona l Experience And Certification	Profession	License Effective Date	Provider; Therapist	Professional Qualifications: License and Certification	Licenses: License and Certification	Effective Dates; Effective Date	
Professiona l Experience And Certification	Profession	License/Certificat ion Expiration Date	Provider; Therapist	Professional Qualifications: License and Certification	Licenses: License and Certification	Expiration Date; Expiration Date	
Professiona l Experience And Certification	Continuing Education	Title of Training	Provider	Professional Qualifications	Training	Title of Training	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Professional Experience And Certification	Continuing Education	Date of Training	Provider	Professional Qualifications	Training	Date	
Professional Experience And Certification	Continuing Education	The training focused on infants/toddlers with/ disabilities.	Provider	Professional Qualifications	Training	Focused on infants/toddlers with disabilities?	
Professional Experience And Certification	Continuing Education	Who provided the training?	Provider	Professional Qualifications	Training	Entity or Individual who provided the training	
Professional Experience And Certification	Continuing Education	Brief Summary of Training	Provider	Professional Qualifications	Training	Description of training	
Professional Experience And Certification	Insurance	insurance carrier	Provider	Insurance Info	Insurance Information	Name of Insurance Carrier	
Professional Experience And Certification	Insurance	insurance carrier provider ID#	Provider	Insurance Info	Insurance Information	Insurance Provider ID#	
Professional Experience And Certification	Insurance	In-Network Participation Effective Date	Provider	Insurance Info	Insurance Information	Participation Effective Date	
Professional Experience And Certification	Insurance	Medicaid Tracking Number	Provider	Insurance Info	Medicaid	Provider ID/Medicaid Type	
Specialty Populations	Languages	Language	Provider	Special Pop/Languages	Provider Languages	Language	
Specialty Populations	Languages	other language	Provider	Special Pop/Languages	Provider Languages	Language	
Specialty Populations	Specialty Populations	Apraxia	Provider	Special Pop/Languages	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Auditory Processing Disorder	Provider	Special Pop/Languages	Specialty Populations	Specialty Population Description	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Specialty Populations	Specialty Populations	Autism/PDD	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Cerebral Palsy	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Communication Disorders	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Down Syndrome	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Dyspraxia	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Feeding/Swallowi ng Disorders	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Fetal Alcohol Syndrome	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Hearing Loss	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Medically Complex	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Intellectual Disability	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Motor Disorders	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Oral Motor Disorders	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Prematurity	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Specialty Populations	Specialty Populations	Psychiatric/Beha vioral/Emotional Disorders	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Seizure Disorders	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Sensory Integration Disorders	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Traumatic Brain Injury	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Vision Impairments	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Other	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Specialty Populations	Specialty Populations	Explanation of Other	Provider	Special Pop/Language s	Specialty Populations	Specialty Population Description	
Services	Service Sites/Locatio n	Location Name	Provider	Service Sites	Service Sites	Location Name	
Services	Service Sites/Locatio n/Address	line 1	Provider	Service Sites	Service Sites	Address 1	
Services	Service Sites/Locatio n/Address	line 2	Provider	Service Sites	Service Sites	Address 2	
Services	Service Sites/Locatio n/Address	line 3	Provider	Service Sites	Service Sites	Address 3	
Services	Service Sites/Locatio n/Address	zip code	Provider	Service Sites	Service Sites	Zip Code	
Services	Service Sites/Locatio n/Address	city/town	Provider	Service Sites	Service Sites	city	
Services	Service Sites/Locatio n/Address	State	Provider	Service Sites	Service Sites	State	
Services	Service Sites/Locatio n/Address	Location Address County/Borough	Provider	Service Sites	Service Sites	County	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Services	Service Sites/Locatio n	Classroom Name/Room Number	Provider	Service Sites	Service Sites	Classroom Name/Roo m Number	
Services	Service Sites/Locatio n	Age Ranges served at this site	Provider	Service Sites	Service Sites	Age Range served at this site	
Services	Service Sites/Locatio n	is this building used for any other purpose?	Provider	Service Sites	Service Sites	The building was used for another purpose	
Services	Service Sites/Locatio n	Provide Details	Provider	Service Sites	Service Sites	Provide Details	
Services	Service Sites/Locatio n	Is this Site ADA- compliant?	Provider	Service Sites	Service Sites	Is this Site ADA Compliant?	
Services	Service Sites/Locatio n/Site Contact Person	Salutation	Provider	Service Sites	Service Sites	Salutation	
Services	Service Sites/Locatio n/Site Contact Person	First Name	Provider	Service Sites	Service Sites	First Name	
Services	Service Sites/Locatio n/Site Contact Person	Last Name	Provider	Service Sites	Service Sites	Last Name	
Services	Service Sites/Locatio n/Site Contact Person	Title	Provider	Service Sites	Service Sites	Title	
Services	Service Sites/Locatio n/Site Contact Person	Primary Phone Number	Provider	Service Sites	Service Sites	Contact Phone Number	
Services	Service Sites/Locatio n/Site Contact Person	Primary Email	Provider	Service Sites	Service Sites	Contact Primary Email	
Services	Service Sites/Service Types	Service Model	Provider	Services	services	Service Model	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Services	Service Sites/Service Types	Service type	Provider	Services	services	Service Type	
Services	Service Sites/Service Types	Catchment Area	Provider	Services	services	Catchment Area	
Services	Service Sites/Service Inside/Outside of NYC	Is this service site located outside of NYC?	Provider	Service Sites	Service Sites	Is this Service Site located inside of NYC?	Only one field in CM, yes or no
Services	Service Sites/Service Inside/Outside of NYC	Will each child's parent or guardian be present for all sessions?	Provider	Service Sites	Service Sites	Will each child's parent or guardian be present for all sessions?	Two fields in CM
Services	Service Sites/Service Inside/Outside of NYC	Will the agency provide group services to three or more children for three or more hours per day per child?	Provider	Service Sites	Service Sites	Will the agency provide group services to three or more children for three or more hours a day per child?	
Services	Service Sites/Service Inside/Outside of NYC	Do you currently hold a NYS Office of Children and Family Services day care permit/license for children ages birth through age two at this site?	Provider	Service Sites	Service Sites	Do you currently hold a NYS Office of Children and Family Services day care permit/lice se for children ages birth through age two at this site?	
Services	Service Sites/Service Inside/Outside of NYC	Name of Day Care	Provider	Service Sites	Service Sites	Name of Day Care	Two fields in CM

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Services	Service Sites/Service es Inside/Outside de NYC	License/Permit Number	Provider	Service Sites	Service Sites	License/per mit number	Two fields in CM
Services	Service Sites/Service es Inside/Outside de NYC	License/Permit Effective Date	Provider	Service Sites	Service Sites	License Effective Date	Two fields in CM
Services	Service Sites/Service es Inside/Outside de NYC	License/Permit Expiration Date	Provider	Service Sites	Service Sites	License Expiration Date	Two fields in CM
Services	Service Sites/Service es Inside/Outside de NYC	Is this service site located inside of NYC?	Provider	Service Sites	Service Sites	Is this Service Site located inside of NYC?	Only one field in CM, yes or no
Services	Service Sites/Service es Inside/Outside de NYC	Will each child's parent or guardian be present for all sessions?	Provider	Service Sites	Service Sites	Will each child's parent or guardian be present for all sessions?	Only one field in CM, yes or no
Services	Service Sites/Service es Inside/Outside de NYC	Will services be provided to three or more children, operating five hours or more per week, for more than 30 days in a 12- month period?	Provider	Service Sites	Service Sites	Will the agency provide services to three or more children for five or more hours per week for more than 30 days in a 12-month period?	
Services	Service Sites/Service es Inside/Outside de NYC	Do you currently hold an NYC DOH and Mental Hygiene daycare permit/license for children ages birth through age two at this site?	Provider	Service Sites	Service Sites	Do you currently hold an NYC DOH and Mental Hygiene daycare permit/licen se for children ages birth through	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
						age two at this site?	
Services	Service Sites/Service Sites Inside/Outside NYC	Name of Day Care	Provider	Service Sites	Service Sites	Name of Day Care	Only one field in CM, yes or no
Services	Service Sites/Service Sites Inside/Outside NYC	License/Permit Number	Provider	Service Sites	Service Sites	License/per mit number	Only one field in CM, yes or no
Services	Service Sites/Service Sites Inside/Outside NYC	License/Permit Effective Date	Provider	Service Sites	Service Sites	License Effective Date	Only one field in CM, yes or no
Services	Service Sites/Service Sites Inside/Outside NYC	License/Permit Expiration Date	Provider	Service Sites	Service Sites	License Expiration Date	Only one field in CM, yes or no
Services	Service Sites/Certific ations	Certificate of Occupancy License/Certificat ion	Provider	Service Sites	Service Site Certification	Location Name/Certi fication Type/ License/Ce rtification Control Number	
Services	Service Sites/Certific ations	Effective Date	Provider	Service Sites	Service Site Certification	Effective Date	
Services	Service Sites/Certific ations	Expiration Date	Provider	Service Sites	Service Site Certification	Expiration Date	
Services	Service Sites/Certific ations	Building Inspection License/Certificat ion Control Number	Provider	Service Sites	Service Site Certification	Location Name/Certi fication Type/ License/Ce rtification Control Number	
Services	Service Sites/Certific ations	Effective Date	Provider	Service Sites	Service Site Certification	Effective Date	
Services	Service Sites/Certific ations	Expiration Date	Provider	Service Sites	Service Site Certification	Expiration Date	

PE Tab	PE Panel	PE Field	Provider or Therapist record in CM	CM Tab	CM Panel	CM Field	Comment
Services	Service Sites/Certific ations	Fire Inspection License/Certificat ion Control Number	Provider	Service Sites	Service Site Certification	Location Name/Certi fication Type/ License/Ce rtification Control Number	
Services	Service Sites/Certific ations	Effective Date	Provider	Service Sites	Service Site Certification	Effective Date	
Services	Service Sites/Certific ations	Expiration Date	Provider	Service Sites	Service Site Certification	Expiration Date	
Services	CPR Certification	Entity Issuing Certification	Provider	Service Sites	CPR Certification	Entity Issuing Certification	
Services	CPR Certification	Certification Number	Provider	Service Sites	CPR Certification	Certification Number	
Services	CPR Certification	Effective Date	Provider	Service Sites	CPR Certification	Certification Effective Date	
Services	CPR Certification	Expiration Date	Provider	Service Sites	CPR Certification	Certification Expiration Date	
Services	Service Types and Models	Service Model	Provider	Services	services	Service Model	
Services	Service Types and Models	Service type	Provider	Services	services	Service Type	
Services	Service Types and Models	Catchment Area	Provider	Services	services	Catchment Area	
Provider Agreement	n/a	Sex	Provider; Therapist	Provider Information; Demographics	Contact/Identif ying info; Basic Demographics	Sex; Sex	