Prevention Council Directory of Treatment Providers in New York's Capital Region

| SERVICE DESCRIPTION | PROVIDER NAME | | | | | |
|----------------------------|--|---|--|---------------------------------|----------|----------|
| | Fulton Friendship House, Inc. Victorian Manor | St. Mary's Healthcare, Gloversville Clinic | St Mary's Health Care, Amsterdam Clinic | St. Mary's Inpatient Rehab | | |
| COUNTY | FULTON | MONTGOMERY | MONTGOMERY | MONTGOMERY | | |
| | rozion | https://www.smha.org/patient- | https://www.smha.org/patient- | https://www.smha.org/patient- | | |
| Website | | care/addiction-services | care/addiction-services | care/addiction-services | | |
| Intake Contact | Doreen Ashabranner 518-725-5646 | 540 772 0500 | Erica Buhler 518-843-4410 | Kelley Gilligan 518-841-7321 | | |
| Phone Number Fax Number | 518725-5645 | 518-773-3532 518-773-4003 | 518-843-4410 | 518-841-7321 | | |
| Email | dashabranner@fultonfh.com | 518-773-4003 | | | | |
| EVALUATION SERVICES | dashabranner@fultonin.com | | | | | |
| Evaluation | Referrals only | PROVIDE | PROVIDE | Referrals Only | | |
| Walk-In Evaluation | Referrals Only | PROVIDE | Mon-Fri, 8AM-4PM | Referrals Offig | | |
| CLIENT TYPE | | | WOTT II, GAW-4FIVI | | | |
| Youth <18 | | | ACCEPT | | | |
| Adult | ACCEPT | ACCEPT | ACCEPT | ACCEPT | | |
| Female | ACCELL | ACCEPT | ACCEPT | ACCEPT | | |
| Male | ACCEPT | ACCEPT | ACCEPT | ACCEPT | | |
| Client w/Children | ACCET 1 | 7,002, 7 | ricel r | 7.00271 | | |
| ADDICTION SERVICES | | | | | | |
| Alcohol | ACCEPT for outpatient treatment | PROVIDE | PROVIDE | PROVIDE | | |
| Substance Abuse | ACCEPT for outpatient treatment | PROVIDE | PROVIDE | PROVIDE | | |
| Narcotics | ACCEPT for outpatient treatment | PROVIDE | PROVIDE | PROVIDE | | |
| MAT | ACCEPT for outpatient treatment | PROVIDE | Methadone, Amsterdam Clinic | PROVIDE | | |
| Impaired Driver | Medi i ioi daspatient treatment | PROVIDE | PROVIDE | 11101152 | | |
| Dual Diagnosis | ACCEPT for outpatient treatment | PROVIDE | PROVIDE | PROVIDE | | |
| Spanish Program | Accel From Suspanient treatment | THOTISE | PROVIDE | 1.101.02 | | |
| LEVEL OF CARE | | | | | | |
| Detox | | | Ancillary | | | |
| Stabilization | | | Ancillary | PROVIDE | | |
| Inpatient | | | PROVIDE | PROVIDE | | |
| Outpatient | | PROVIDE | Clinic Group, IOP | | | |
| Residential | PROVIDE | | | | | |
| INSURANCE | | | | | | |
| Aetna | ACCEPTS SSI, SSD, and self-pay | ACCEPT | ACCEPT | ACCEPT | | |
| CDPHP | | ACCEPT | ACCEPT | ACCEPT | | |
| CIGNA | | ACCEPT | ACCEPT | ACCEPT | | |
| Excellus | | ACEPT | ACCEPT | ACCEPT | | |
| Fidelis | | ACCEPT (not Fidelis Medal Package) | ACCEPT | ACCEPT | | |
| Medicaid | | ACCEPT | With enrollment in Health Exchange | ACCEPT | | |
| Medicare | | ACCEPT | ACCEPT | ACCEPT | | |
| MVP | | ACCEPT (not MVP Medicaid) | (NOT MVP Medicaid) | | | |
| Public Assistance | | | | | | |
| YourCare Health Plan | | | | | | |
| Sliding Fee | ACCEPT | ACCEPT | ACCEPT | ACCEPT | | |
| Tricare | | | | | | |
| United Health | | | ACCEPT | ACCEPT | <u> </u> | <u> </u> |
| Value Options (MVP) | | ACCEPT | ACCEPT | ACCEPT | | |
| WellCare | | | | | | |
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