



# Medications for Addiction Treatment (MAT) Provider Locator Map

\*All updates to facility/practice information listed on the CTBHP MAT Locator Map is the responsibility of the provider.  
\*\*Performing providers with facilities and/or group practices may not be listed on the MAT Locator Map. The facility/practice name will be listed.

**Provider Type:**  
**Reason for submission:**

**Provider Name:**  
**Facility/Group  
Name (if applicable)**

**Address:**

**City:**

**State:**

**Zip:**

**Client Phone:**

**# of Prescribers (if known):**

*Lower Level of Care*

*Residential*

**Level of Care:**

- |                              |   |   |   |
|------------------------------|---|---|---|
| <input type="checkbox"/> OTP | <input type="checkbox"/> Meth Clinic    | <input type="checkbox"/> Freestanding     | <input type="checkbox"/> Intermediate           |
| <input type="checkbox"/> IOP | <input type="checkbox"/> Walk-In Center | <input type="checkbox"/> Halfway House    | <input type="checkbox"/> Intensive              |
| <input type="checkbox"/> PHP | <input type="checkbox"/> PHP w/Housing  | <input type="checkbox"/> Long-Term        | <input type="checkbox"/> Intensive Co-Occurring |
|                              |   | <input type="checkbox"/> Women & Children |   |

**Serving:**

*(please select at least one for each row)*

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Adult       | <input type="checkbox"/> Youth (12-17) | <input type="checkbox"/> Young Adult (18-26) |
| <input type="checkbox"/> Men         | <input type="checkbox"/> Women         |  |
| <input type="checkbox"/> HUSKY A & B | <input type="checkbox"/> HUSKY C       | <input type="checkbox"/> HUSKY D             |

**Medications:**

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Buprenorphine (Suboxone) | <input type="checkbox"/> Injectable Naltrexone (Vivitrol) |
|------------------------------------|---|---|

**Public Transport  
Accessible:**

- |                              |                             |                             |                              |                             |
|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Handicap Accessible:</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|

**Hours of Operation:**

**Additional Notes**

*(Feel free to provide intake hours, referral protocols, telehealth and/or additional services offered, etc.)*

**Clinical Contact Name:**

**Clinical Contact Tel:**

**Email:**

**Admin Contact Name:**

**Admin Contact Tel:**

**Email:**

**Beacon Contact**

**877-552-8247**  
(Options 1, 2, 7)



**CTBHP@  
BeaconHealthOptions.com**



**855-750-9862**