

ORGANIZATIONAL PROVIDER IDENTIFYING INFORMATION

Legal Name _____

Parent Company (if applicable) _____

DBA (Identifying) Name _____

Administrative Address _____

City, State, Zip _____ County _____

Administrative Phone _____ Admitting Phone _____ Secure Fax (for certifications) _____

Website _____ Public Email _____

Primary practice site address _____ *(optional - for display in provider directory)*
(Cannot be a PO Box)

Tax Identification Number for primary practice _____

NPI for primary practice _____ Taxonomy _____

Billing/Remit Address _____

City, State, Zip _____

ORGANIZATIONAL PROVIDER CONTACT INFORMATION

	Name	Phone	E-mail Address
Primary Contact	_____	_____	_____
Signatory Contact	_____	_____	_____
Contracting Contact	_____	_____	_____
Administrator / Roster Contact	_____	_____	_____
Business Office Manager	_____	_____	_____
Director of Clinical Services	_____	_____	_____
Medical Director	_____	_____	_____
Chief Executive Officer	_____	_____	_____

ACCREDITATION

	Issue Date	Expiration Date	Not Applicable
The Joint Commission Accreditation	_____	_____	<input type="checkbox"/>
CARF Accreditation	_____	_____	<input type="checkbox"/>
AOA Accreditation	_____	_____	<input type="checkbox"/>
COA Accreditation	_____	_____	<input type="checkbox"/>
Please list other Accreditation(s) held by your organization	_____	_____	

LICENSURE / CERTIFICATION

	Entity Issuing License or Certification	Type of License or Certificate	License Number	Expiration Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Does the Organizational provider's state licensure/certification include a site visit by the State? Yes No
 If "Yes", please attach a copy of the audit completed by the State with this application.

Practice Types		
Community Mental Health Center (CMHC)	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Community-based Service Agency	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Intensive Psychiatric Rehabilitation Treatment Programs (IPRT)	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Mental Health Rehabilitation (also known as Community Mental Health Rehabilitative Services or CMHRS)	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Methadone Maintenance Clinic	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Outpatient Clinic	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Outpatient Detox Clinic	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Peer Support Services	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Residential Detox	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Residential Substance Abuse	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
Rural Health Clinic	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse
State Licensed OP Clinic	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse

GENERAL / PROFESSIONAL LIABILITY

Please attach current certificates for two types of liability insurance information. Insurance requirements are as follows:

For agency programs:

- Professional liability \$1,000,000/\$3,000,000 minimum coverage
- Comprehensive general liability \$1,000,000/\$3,000,000 minimum coverage
- Peer Run Organization \$1,000,000/\$1,000,000 minimum coverage (professional liability)
\$1,000,000/\$1,000,000 minimum coverage (general liability)

If you are self-insured, we require the portion of the agency's independently audited financial statement which shows retention of the required amounts stated above.

LEGAL STATUS

Has the Organizational Provider or any party owning or controlling 5% or more of your company have knowledge of or been subject to disciplinary action, criminal/ethical investigations or convictions; such as but not limited to revocation, suspension or restriction of its license; Medicare/Medicaid provider status; certification or accreditation status (The Joint Commission, P.R.O., CARF, COA, AOA); bankruptcy, insolvency or assignment of creditor proceedings?

- Yes *
- No

* If yes to the above, please attach a brief explanation for each incident.

SIGNATURE

I hereby certify that all of the responses and information provided pursuant in this application are complete, true and correct to the best of my knowledge and belief. I further warrant that agency's applicable licensure(s) is current and free of sanction or limitation. I warrant that I have the authority to sign this application on behalf of the entity for which I am signing in representative capacity.

Signature

Title (please type or print)

Name (please type or print)

Date

Acceptance into the UnitedHealthcare behavioral health provider network is contingent upon the applicant Agency meeting our credentialing standards and subject to review and approval by the Credentialing Committee. We consider accurate and up-to-date credentialing documents to be a vital part of maintaining a quality network will therefore approach you to request this documentation throughout the life of the contract between the parties. These requests can be expected approximately every 36 months. We understand that complying with this request can be time-consuming, but, in accordance with our credentialing standards, it is required for your continued participation in the UnitedHealthcare network. Importantly, the information you provide helps to ensure the accuracy of claims payment.

DOCUMENTATION REQUIRED

Please provide the following documents:

- Current State License(s)/ Certificate(s) for all behavioral health services you provide, i.e. psychiatric, substance abuse, etc. Include all documentation for multiple practice locations
- The Joint Commission/ CARF/ AOA/ COA/ CHAP/ AAAHC/ CAH/ HFAP/ NIAHO/ ACHC Accreditation status
- Professional and General liability insurance certificates showing limits, policy number(s) and expiration date(s). If self insured, attach a copy of an independently audited financial statement which shows retention of the required amounts.
- Form W-9 (if multiple tax ID numbers used, one W-9 form must be submitted for each ID number)

Other Documents:

- Staff Roster for all behavioral health staff involved with your programs. All data requested on the attached roster form is required. We do not need actual copies of staff's licenses or certifications.
- Daily Program Schedule(s) - include an hour-by-hour schedule showing a patient's daily treatment for each level of care you provide, including weekend scheduling, where appropriate.
- Program Description - including any specialty program descriptions
- OP Clinic Attachment (if applicable)
- Medicare and/or Medicaid Certification Letter(s), if applicable

Policy and Procedures:

- Policy and Procedure on Intake/Access Process to Behavioral Medicine
- Quality Improvement Plan

AGENCY DATA PAGE
Primary Practice – Location # 1
 (additional pages located at the end of the application for additional practice locations)

Primary Practice Information (Practice Location #1) – *This address must match the Primary Practice Site on page 1*
 Practice Address # 1

City _____ State _____ Zip _____
 Phone _____ Secure Fax _____

Tax ID _____
 NPI _____ Taxonomy _____

	Number	Issue Date	Expiration Date	Not Applicable
Medicare ID (6 digits)	_____	_____	_____	<input type="checkbox"/>
Medicaid ID	_____	_____	_____	<input type="checkbox"/>

[Expertise(s) – Checking any of the clinical expertise listed below is a confirmation that this location has a provider(s) practicing within the scope of their license with the clinical training and education to provide these services. Please check all areas in which a provider(s) has training and experience and which you are willing to treat at this practice location.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Abuse (physical/sexual, etc.) <input type="checkbox"/> Acute Treatment Services (ATS) for Substance Use Disorders (ASAM Level 3.7) <input type="checkbox"/> Adoption Issues <input type="checkbox"/> Adult Therapy <input type="checkbox"/> Anger Management <input type="checkbox"/> Anxiety <input type="checkbox"/> Assertive Community Treatment (ACT) <input type="checkbox"/> Assessment and Referral – Substance Abuse <input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Autism Spectrum Disorders <input type="checkbox"/> Bariatric/Gastric Bypass Evaluation <input type="checkbox"/> Behavioral Modification <input type="checkbox"/> Behavioral Symptoms of PANDAS/PANS (Pediatric Acute-onset Neuropsychiatric Disorders Associated with Streptococcus/Pediatric Acute-onset Neuropsychiatric Syndrome) <input type="checkbox"/> Biofeedback <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Blindness or Visual Impairment <input type="checkbox"/> Caregiver/Family Supports and Services <input type="checkbox"/> Case Management <input type="checkbox"/> Certified Pastoral Counseling <input type="checkbox"/> Child Welfare <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Clinically Managed Population-Specific High Intensity Residential Services (ASAM Level 3.3) <input type="checkbox"/> Clinical Support Services for Substance Use Disorders (ASAM Level 3.5) <input type="checkbox"/> Co-Occurring Disorders Treatment <input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Community Crisis Stabilization <input type="checkbox"/> Community Habilitation <input type="checkbox"/> Community Integration Counseling <input type="checkbox"/> Community Psych Support and Treatment <input type="checkbox"/> Community Self-Advocacy Training and Support <input type="checkbox"/> Community Support Program (CSP) | <ul style="list-style-type: none"> <input type="checkbox"/> Community Support Program for People Experiencing Chronic Homelessness (CSPECH) <input type="checkbox"/> Compulsive Gambling <input type="checkbox"/> Couples/Marriage Therapy <input type="checkbox"/> Crisis Center <input type="checkbox"/> Crisis Diversionary Services <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Crisis Respite <input type="checkbox"/> Day Habilitation <input type="checkbox"/> Day Treatment <input type="checkbox"/> Depression <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Dialectical Behavioral Therapy <input type="checkbox"/> Disability Evaluation/Management (requires Memorandum of Understanding – located at <i>providerexpress.com</i>) <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Education Support Services – General adult education services to receive a Test Assessing Secondary Completion (TASC) diploma and support in apprenticeship program. Includes support, cognitive remediation and advocacy. <input type="checkbox"/> Electroconvulsive Therapy (ECT) <input type="checkbox"/> Emergency Services Program (ESP) <p><i>Employment Supports</i> – Individualized, person-centered Services providing support to learn and/or maintain a job:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-vocational – Time-limited services that prepare a participant for paid or unpaid employment <input type="checkbox"/> Transitional Employment – Services must be provided by clubhouse or psychosocial club program to strengthen work prospects and skills towards achieving competitive employment <input type="checkbox"/> Intensive Supported Employment – Intensive support when competitive employment is unlikely absent these services <input type="checkbox"/> On-going Supported Employment – Ongoing support for an indefinite period as needed to maintain paid employment <input type="checkbox"/> Enhanced Outpatient Program (EOP) |
|---|---|

- Enhanced Residential Rehabilitation Services for Dually Diagnosed (ASAM Level 3.1 co-occurring enhanced)
- Evaluation and Assessment – Mental Health
- Eye Movement Desensitization & Reprocessing (EMDR)
- Family Peer Support Services (FPSS)
- Family Stabilization Team (FST)
- Family Support and Training
- Family Therapy
- Feeding and Eating Disorders
- Fetal Alcohol Syndrome
- Fire Setter Evaluation
- Forensic
- Foster Care
- Functional Family Therapy
- Grief/Bereavement
- Group Therapy

Habilitation:

- Habilitation
- Residential Supports in Community Settings
- Harm Reduction
- Health and Behavior Assessment and Intervention
- Hearing Impaired Population
- HIV/AIDS/ARC
- Home Care/Home Visits
- Hypnosis
- In Home Behavioral Services (IHBS)
- In Home Therapy (IHT)
- Independent/Qualified Medical Examiner
- Infertility
- Inpatient Therapy
- Intellectual and Developmental Disability
- Intensive Care Coordination (ICC)
- Intensive Individual Support
- Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS)
- Learning Disabilities
- LGBTQ Identified Clinician(s)
- LGBTQ Supportive
- Long Term Care
- Long-Acting Injectable (LAI) Administrator
- Medical Illness/Disease Management
- Medicaid Intensive Outpatient Services (ASAM Level 2.1)
- Medicaid Opioid Treatment Program (OTP) – Physicians Only
- Medication Management
- Methadone Maintenance
- Military Veterans Treatment
- Mobile Crisis Follow-up
- Mobile Crisis Intervention (MCI)
- Mobile Crisis Response
- Mobile Mental Health Treatment
- Mood Disorder
- Multidimensional Family Therapy (MDFT)

- Multi-Systemic Therapy (MST)
- Muslim-Identified Clinician
- Naltrexone Injectable MAT
- Native American Traditional Healing Systems
- Nursing Home Visits
- Obsessive Compulsive Disorder
- OnTrack First Episode Psychosis (FEP)
- Opioid Treatment Service (OTS)
- Organic Disorders
- Other Licensed Practitioner Service/Early and Periodic Screening, Diagnostic and Treatment
- Outpatient Medically Supervised Withdrawal
- Pain Management
- Palliative Care Bereavement
- Palliative Care Expressive Therapy
- Palliative Care Massage Therapy
- Palliative Care Pain & Symptom Management
- Parent Support and Training
- Parent-Child Evaluation
- Personality Disorders
- Personalized Recovery Oriented Services
- Phobias
- Physical Disabilities
- Planned Respite
- Positive Behavioral Interventions & Supports
- Post-Partum Depression
- Post-Traumatic Stress Disorder (PTSD)
- Program of Assertive Community Treatment
- Psych Testing
- Psychiatric Day Treatment
- Psychosocial Rehabilitation (PSR):
 - Clubhouse
- Psychotic/Schizophrenic
- Qualified Integrated Behavioral Health Group (QIBGRP)
- Race-Based Trauma
- Recovery Coaching
- Recovery Support Navigators (RSN)
- Regional Behavioral Health Authority (RHBA)
- Relaxation Techniques
- Residential Rehabilitation Services (ASAM Level 3.1)
- Respite Care
- School Based Services
- Serious Mental Illness
- Sex Offender Treatment
- Sexual Abuse Evaluation
- Sexual Dysfunction
- Sexual Trauma
- Skills Training and Development
- Sleep-Wake Disorders
- Somatoform Disorders
- SPRAVATO® (prescribers only)
- Structured Outpatient Addiction Program (SOAP)

Supports for Self-Directed Care – Participant or representative has employer and/or budget decision-making authority with support:

- Information and Assistance in Support of Participation Direction – Assist in developing and managing the plan
- Financial Management Services – Assist in budget authority
- Targeted Case Management
- TBI Waiver – Case Management
- TBI Waiver – Community Integration Counseling
- TBI Waiver – Positive Behavior
- Telemental Health (requires Agency Attestation found at Provider Express > Telemental Health resource page)

- Telephonic Crisis Follow-up
- Telephonic Triage and Crisis Response
- Therapeutic Monitoring (TM)
- Transitional Support Services (TSS) for Substance Use Disorders (ASAM Level 3.1)
- Trauma Therapy
- Traumatic Brain Injury (TBI)
- Weapons Clearance
- Workers' Compensation
- Youth Mobile Crisis (Mobile Crisis Intervention) (YMCI)
- Youth Peer Support and Training (YPST)
- Youth Stabilization Services (YSS)
- Youth Support]

Population(s) Treated:

- Adult
- Child
- Adolescent
- Geriatric
- Caregiver
- Couples/Marriage Therapy
- Family Therapy
- Group Therapy
- Inpatient

Note: Attestation is required for Specialties listed on Specialty Attestation page (pg. 8)

Language(s) spoken by clinicians within Agency:

Interpreter services available at location in (list languages)

Ethnicity(ies) of clinicians within Agency:

Gender(s) of clinicians within Agency:

- Male Female

Telepsychiatry Services only, indicate if site is:

- Distant site and/or Originating Site

Ages Range(s) Served

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Adult (18 – 64 years) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adolescent (13 – 17 years) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child (12 years or less) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Geriatric (65 years or more) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

% of Population in Age Range

Average Number of Sessions

_____	_____
_____	_____
_____	_____
_____	_____

Please list the degree levels, license levels, and certifications required for your professional staff involved in direct care delivery (please attach)

Please include a description of the content and treatment modalities of any specialized outpatient services (Parenting groups, special populations, etc.)

LOCATION ACCESSIBILITIES

Please check all conditions applicable to this location:

- | | |
|---|---|
| <input type="checkbox"/> Evening Appointments | <input type="checkbox"/> TDD Capability |
| <input type="checkbox"/> Public Transportation Access | <input type="checkbox"/> Weekend Appointments |

Handicapped Access for:

- Building
- Parking
- Restroom

Hours of Operation:

Monday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Friday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Saturday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Sunday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Specialty Attestation – Agency
PRIMARY PRACTICE - LOCATION #1

We require additional training, experience and/or outside agency approval for the following populations, professionals and specialties. Please review the Specialty Requirements on the following pages. If you are not requesting a specialty designation, please check the “No Specialties” box at the bottom of the list to indicate you have read this form and acknowledge that you have not requested these specialties.

As an Authorized Agency Representative, I have reviewed the UnitedHealthcare Specialty Requirements criteria that a Clinician must meet to be considered a specialist in the following treatment areas. After reviewing the criteria, I hereby attest that by placing a check next to a specialty or specialties, our Agency includes at least one clinician who meets UnitedHealthcare requirements for that treatment area. Any specialties indicated will be included in online directory information for member referral purposes. For those specialties that require specific documentation, I further attest that such documentation is retained by the Agency and is available to UnitedHealthcare upon request.

<i>Physician Specialties</i>	<i>Non-Physician Specialties</i>
<input type="checkbox"/> Child/Adolescent (please specify all ages that you treat): <input type="checkbox"/> Infant Mental Health (0-3 years) <input type="checkbox"/> Preschool (0-5 years) <input type="checkbox"/> Children (6-12 years) <input type="checkbox"/> Adolescents (13-18 years)	<input type="checkbox"/> Child/Adolescent (please specify all ages that you treat) – <i>Psychologists only.</i> <input type="checkbox"/> Infant Mental Health (0-3 years) <input type="checkbox"/> Preschool (0-5 years) <input type="checkbox"/> Children (6-12 years) <input type="checkbox"/> Adolescents (13-18 years)
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Assertive Community Treatment (ACT) (<i>requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit</i>)
<input type="checkbox"/> Buprenorphine – Medication Assisted Treatment (MAT) (<i>submit DEA registration with the DATA 2000 prescribing identification number</i>)	<input type="checkbox"/> Certified Group Psychotherapist (CGP) (<i>submit Certification from IBCGP</i>)
<input type="checkbox"/> Certified Group Psychotherapist (CGP) (<i>submit Certification from IBCGP</i>)	<input type="checkbox"/> Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
<input type="checkbox"/> Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)	<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)
<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)	<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)
<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)	<input type="checkbox"/> Cognitive Processing Therapy (CPT)
<input type="checkbox"/> Cognitive Processing Therapy (CPT)	<input type="checkbox"/> Community Support Team (CST)
<input type="checkbox"/> Community Support Team (CST)	<input type="checkbox"/> Comprehensive Multi-Disciplinary Evaluation (CMDE)
<input type="checkbox"/> Comprehensive Multi-Disciplinary Evaluation (CMDE)	<input type="checkbox"/> Coordinated Specialty Care (CSC)
<input type="checkbox"/> Coordinated Specialty Care (CSC)	<input type="checkbox"/> Critical Incident Stress Debriefing (<i>requires CISD certificate</i>)
<input type="checkbox"/> Developmental Relationship-Based Intervention (DRBI) (<i>submit copy of certification</i>)	<input type="checkbox"/> Developmental Relationship-Based Intervention (DRBI) (<i>submit copy of certification</i>)
<input type="checkbox"/> Early Intensive Developmental and Behavioral Intervention (EIDBI)	<input type="checkbox"/> Early Intensive Developmental and Behavioral Intervention (EIDBI)
<input type="checkbox"/> First Responder	<input type="checkbox"/> First Responder
<input type="checkbox"/> Medicaid Office-Based Opioid Treatment Program (OBOT)	<input type="checkbox"/> Functional Family Therapy (FFT)
<input type="checkbox"/> Medicare Opioid Treatment Program (<i>submit copy of SAMHSA certification</i>)	<input type="checkbox"/> Functional Family Therapy – Child Welfare (FFT-CW)
<input type="checkbox"/> Neuropsychological Testing	<input type="checkbox"/> Homebuilders® - Homebuilders Family Preservation Program
<input type="checkbox"/> Office-Based Addictions Treatment (OBAT)	<input type="checkbox"/> Multi-Systemic Therapy (MST)
<input type="checkbox"/> Prolonged Exposure (PE)	<input type="checkbox"/> Neuropsychological Testing – <i>Psychologists only</i>
<input type="checkbox"/> Substance Abuse Expert (<i>submit Nuclear Regulatory Commission qualification training certificate</i>)	<input type="checkbox"/> Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (<i>submit certification email from DEA</i>)
<input type="checkbox"/> Substance Use Disorder (SUD) – Residential Treatment	
<input type="checkbox"/> Transcranial Magnetic Stimulation (TMS)	

Physician Specialties (cont.)	Non-Physician Specialties (cont.)
<input type="checkbox"/> Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) <i>(submit copy of TF-CBT certification)</i> <input type="checkbox"/> Trauma Informed Care (TIC) <i>(submit documentation of completion of TIC training)</i> <input type="checkbox"/> Triple P (Positive Parenting Program) <i>(submit copy of certification in Triple P – Standards Level 4)</i> <input type="checkbox"/> Trust-Based Relational Intervention (TBRI) <i>(submit documentation of completion of TBRI training)</i>	<input type="checkbox"/> Nurses – Prescriptive Privileges <i>(requires ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based on state requirements)</i> <input type="checkbox"/> Office-Based Addictions Treatment (OBAT) <input type="checkbox"/> Outpatient Services/Crisis Stabilization <input type="checkbox"/> Partial Hospitalization Program <input type="checkbox"/> Peer Bridger/Support Services <i>(requires state peer certification or evidence of current training completion)</i> <input type="checkbox"/> Prolonged Exposure (PE) <input type="checkbox"/> Substance Abuse Expert <i>(submit Nuclear Regulatory Commission qualification training certificate)</i> <input type="checkbox"/> Substance Abuse Professional <i>(submit Department of Transportation certificate)</i> <input type="checkbox"/> Transcranial Magnetic Stimulation (TMS) <input type="checkbox"/> Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) <i>(submit copy of TF-CBT certification)</i> <input type="checkbox"/> Trauma Informed Care (TIC) <i>(submit documentation of completion of TIC training)</i> <input type="checkbox"/> Triple P (Positive Parenting Program) <i>(submit copy of certification in Triple P – Standards Level 4)</i> <input type="checkbox"/> Trust-Based Relational Intervention (TBRI) <i>(submit documentation of completion of TBRI training)</i> <input type="checkbox"/> Veterans Administration Mental Health Disability Examination – <i>Psychologist only</i>

I understand that UnitedHealthcare may require documentation to verify that a clinician or clinicians within this Agency meet(s) the criteria outlined under Specialty Requirements pertaining to the specialty or specialties I have designated above. The Agency will cooperate with a UnitedHealthcare documentation audit, if requested, to verify that a clinician or clinicians meet(s) the required criteria.

I hereby attest that all of the information above is true and accurate to the best of my knowledge. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in termination from the UnitedHealthcare network.

By checking the box below, I am indicating that no clinicians in this Agency meet the above criteria.

No Specialties

Please note that standard credentialing criteria must be met before specialty designation can be considered. An Authorized Agency Representative must sign this form whether any specialty designations are being requested or not. Failure to sign this form may cause a delay in the processing of the Agency’s credentialing file.

 Printed Name of Authorized Agency Representative

 Date

 Signature of Authorized Agency Representative
 (Signature stamps not accepted)

PHYSICIAN SPECIALTY REQUIREMENTS

[Important note: Signature on the previous Specialty Attestation page is required for all applicants.]

CHILD/ADOLESCENT

- Completion of an ACGME approved Child and Adolescent Fellowship *OR* recognized certification in Adolescent Psychiatry (specialty includes infants, preschool, children and adolescents)

GERIATRICS:

- Completion of an ACGME approved Geriatric Fellowship *OR* recognized certification in Geriatric Psychiatry

BUPRENORPHINE – MEDICATION ASSISTED TREATMENT (MAT)

- DEA registration certificate with the DATA 2000 prescribing identification number

CERTIFIED GROUP PSYCHOTHERAPIST

- Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)

- Completion of an ACGME board certification in addiction psychiatry *OR* certification in addiction medicine *OR* certified by the American Society of Addiction Medicine (ASAM)/renamed American Board of Addiction Medicine

CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR

- Must have completed training on CANS and be certified as an Assessor

CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR

- Must have completed training on CANS and be certified as an Assessor

COGNITIVE PROCESSING THERAPY (CPT)

- Licensed mental health provider must complete training in CPT by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

COMMUNITY SUPPORT TEAM TREATMENT (CST)

- Must meet state requirements

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

COORDINATED SPECIALTY CARE (CSC)

- Must meet state requirements

DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)

- Requires certification in DRBI

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

FIRST RESPONDER

- Must have 2 or more of the following qualifying attributes:
 - First Responder culture training
 - Experience working with First Responders (percentage of practice)
 - Advanced PTSD/EMDR or trauma informed care
 - Substance abuse disorder certified/licensed
 - Background as a First Responder
 - Knowledge of continuing care resources in this specialization

MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT)

- State certificate, if applicable in your state

MEDICARE OPIOID TREATMENT PROGRAM

- Requires certification from the Substance Abuse and Mental Health Administration (SAMHSA) and DEA

NEUROPSYCHOLOGICAL TESTING

- Recognized certification in Neurology through the American Board of Psychiatry and Neurology

OR

- Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association

AND all of the following criteria:

- State medical licensure specifically allows for provision of neuropsychological testing service
- Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested
- Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation

OFFICE-BASED ADDICTIONS TREATMENT (OBAT)

- Provider must have hired a Navigator to assist with OBAT services

PROLONGED EXPOSURE (PE)

- Licensed mental health provider must complete training in PE by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

PHYSICIAN SPECIALTY REQUIREMENTS (cont.)

SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC)

- Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc., Program Services, and SAPAA)

SUBSTANCE USE DISORDER (SUD) – RESIDENTIAL TREATMENT

- Must meet state criteria

TRANSCRANIAL MAGNETIC STIMULATION (TMS)

- Completion of all training related to use of FDA-cleared device(s) to be used in accordance with FDA-labeled indication

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)

- Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program

TRAUMA INFORMED CARE (TIC)

- Must have completed training in Trauma Informed Care

TRIPLE P (Positive Parenting Program)

- Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America

TRUST-BASED RELATIONAL INTERVENTION (TBRI)

- Must have completed training in Trust-Based Relational Intervention

PSYCHOLOGISTS, NURSES & MASTER’S LEVEL CLINICIANS SPECIALTY REQUIREMENTS

CHILD/ADOLESCENT – Psychologists Only

- Completion of an APA approved or other accepted training/certification program in Clinical Child Psychology (this specialty includes Infants, Preschool, Children and Adolescents)

CERTIFIED GROUP PSYCHOTHERAPIST

- Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)

CERTIFIED GROUP PSYCHOTHERAPIST

- Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)

- Completion of an APA or other accepted training in Addictionology
- OR
- Certification in Addiction Counseling
- AND one (1) or more of the following:
- Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period
 - Evidence of at least twenty-five percent (25%) of practice experience in substance abuse

CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR

- Must have completed training on CANS and be certified as an Assessor

CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR

- Must have completed training on CANS and be certified as an Assessor

COGNITIVE PROCESSING THERAPY (CPT)

- Licensed mental health provider must complete training in CPT by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

COMMUNITY SUPPORT TEAM TREATMENT (CST)

- Must meet state requirements

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

COORDINATED SPECIALTY CARE (CSC)

- Must meet state requirements

CRITICAL INCIDENT STRESS DEBRIEFING

- Certificate of CISD training from American Red Cross or Mitchell model
- Documentation of training and CEU units in the provision of CISD services

DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)

- Requires certification in DRBI

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS – cont.

FIRST RESPONDER

- Must have 2 or more of the following qualifying attributes:
 - First Responder culture training
 - Experience working with First Responders (percentage of practice)
 - Advanced PTSD/EMDR or trauma informed care
 - Substance abuse disorder certified/licensed
 - Background as a First Responder
 - Knowledge of continuing care resources in this specialization

NEUROPSYCHOLOGICAL TESTING – Psychologists Only

- Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology
- OR
- Completion of courses in Neuropsychology, including: Neuroanatomy, Neuropsychological Testing, Neuropathology, or Neuropharmacology
- Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution
- AND
- Two (2) years of supervised professional experience in Neuropsychological Assessment

NURSES & PHYSICIAN ASSISTANTS - BUPRENORPHINE – MEDICATION ASSISTED TREATMENT:

- Certification from DEA

NURSES REQUESTING PRESCRIPTIVE AUTHORITY MUST:

- Possess a currently valid license as a Registered Nurse in the state(s) in which you practice
- Be authorized for prescriptive authority in the state in which you practice
- Meet state specific mandates for the state in which you practice regarding DEA license and physician supervision
- Attest that you meet your state's collaborative or supervisory agreement requirements
- Specifically request prescriptive privileges on the application attestation (page 7)

OFFICE-BASED ADDITIONS TREATMENT (OBAT)

- Provider must have hired a Navigator to assist with OBAT services

PROLONGED EXPOSURE (PE)

- Licensed mental health provider must complete training in PE by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC)

To qualify as an SAE for the NRC, you must possess one of the following credentials:

- Licensed or certified social worker
- Licensed or certified psychologist
- Licensed or certified employee assistance professional
- Certified alcohol and drug abuse counselor – The NRC recognizes alcohol and drug abuse certification by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA)

AND

- Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc., Program Services, and SAPAA)

SUBSTANCE ABUSE PROFESSIONAL (SAP)

- Certificate of training in federal Department of Transportation SAP functions and regulatory requirements (agencies providing such certification include, but are not limited to, Blair and Burke, EAPA and NMDAC)

TRANSCRANIAL MAGNETIC STIMULATION (TMS)

- Completion of all training related to use of FDA-cleared device(s) to be used in accordance with FDA-labeled indication
- Must be within the scope of state license

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)

- Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program

TRAUMA INFORMED CARE (TIC)

- Must have completed training in Trauma Informed Care

TRIPLE P (Positive Parenting Program)

- Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America

TRUST-BASED RELATIONAL INTERVENTION (TBRI)

- Must have completed training in Trust-Based Relational Intervention

PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS – cont.

VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – Psychologist Only

- Graduate of an American Psychological Association accredited university (qualification counts even if accreditation occurred after date of graduation)
- Wheelchair accessible office
- PC user (Macintosh/Mac computers do not interface with the testing software used in the Disability Examination)
- Agree to participate in initial and annual training programs as required by LHI
- Agree to offer appointments within 10 to 14 days of the request for services
- Agree that beneficiary will not wait longer than 20 minutes in the office before being tested

PEER BRIDGER / SUPPORT SPECIALIST

PEER BRIDGER/SUPPORT SPECIALISTS MUST:

- In states that offer a certification program, possess a currently valid Peer Support Certification
- In states that do not offer a certification program, have completed peer support training through an approved program and passed an exam. Training must have been completed through one of the following approved programs:
 - Appalachian Consulting
 - Depression and Bipolar Support Alliance
 - Georgia State Model
 - Mental Health Association of Southeastern Pennsylvania
 - NAZCARE
 - Recovery Innovations
 - Transformation Center
 - Mountain States
 - Other (Any other training program on Peer Support Services must be submitted for review and approval by the Plan prior to credentialing or contracting)

AGENCY

ASSERTIVE COMMUNITY TREATMENT (ACT):

- Must submit Cover Sheet and Score Sheet from Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Evidence-Based Practice Toolkit

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)

- Agency is licensed by the state to provide outpatient treatment for chemical dependency/substance abuse/substance use disorder

BUPRENORPHINE – MEDICATION ASSISTED TREATMENT (MAT)

- Entity level certification from Substance Abuse and Mental Health Services Administration (SAMHSA)

COMMUNITY SUPPORT TEAM TREATMENT (CST)

- Must meet state requirements

COORDINATED SPECIALTY CARE (CSC)

- Must meet state requirements

DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)

- Requires certification in DRBI

FUNCTIONAL FAMILY THERAPY (FFT)

- Must be certified by Institute for FFT, Inc.

FUNCTIONAL FAMILY THERAPY – CHILD WELFARE (FFT-CW)

- Must have certification of FFT license with FFT-CW specialty issued by Institute for FFT, Inc.

HOMEBUILDERS® – HOMEBUILDERS FAMILY PRESERVATION PROGRAM

- Must be certified by the Institute for Family Development (IFD)

MULTI-SYSTEMIC THERAPY (MST)

- Must have current license, issued by MST Services, to provide multi-systemic therapy

PARTIAL HOSPITALIZATION PROGRAM

- Must meet state criteria to provide community-based partial care]

STAFF ROSTER DATA

Primary Practice - Location #1

Please provide all of the following information for licensed staff (in accordance with the license list for your state on *providerexpress.com*) who will be submitting claims. We do not require a copy of their license or certification. Non-licensed staff is not loaded individually in our systems and should not be included. Attach additional sheets as needed. If you have a roster for this location with all of the required data per location, you may attach it here.

Last Name	First Name	Gender	License Level	License/ Certification Number	Individual NPI	Taxonomy	Medicaid ID	Medicare ID

AGENCY DATA PAGE

Additional Practice – Location # _____

(This page may be copied and used for additional practice locations, if applicable)

Practice Information (Practice Location # _____)

Practice Address _____
 City _____ State _____ Zip _____
 Phone _____ Secure Fax _____

Tax ID _____
 NPI _____ Taxonomy _____

Number	Issue Date	Expiration Date	Not Applicable
Medicare ID (6 digits) _____	_____	_____	<input type="checkbox"/>
Medicaid ID _____	_____	_____	<input type="checkbox"/>

[Expertise(s) – Checking any of the clinical expertise listed below is a confirmation that this location has a provider(s) practicing within the scope of their license with the clinical training and education to provide these services. Please check all areas in which a provider(s) has training and experience and which you are willing to treat at this practice location

- | | |
|--|---|
| <input type="checkbox"/> Abuse (physical/sexual, etc.) | <input type="checkbox"/> Crisis Diversionary Services |
| <input type="checkbox"/> Acute Treatment Services (ATS) for Substance Use Disorders | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Crisis Respite |
| <input type="checkbox"/> Adult Therapy | <input type="checkbox"/> Day Habilitation |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Day Treatment |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Assertive Community Treatment (ACT) | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Assessment and Referral – Substance Abuse | <input type="checkbox"/> Dialectical Behavioral Therapy |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Disability Evaluation/Management (requires the Memorandum of Understanding – on <i>providerexpress.com</i>) |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Dissociative Disorders |
| <input type="checkbox"/> Bariatric/Gastric Bypass Evaluation | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Behavioral Modification | <input type="checkbox"/> Education Support Services – General adult education services to receive a Test Assessing Secondary Completion (TASC) diploma and support in apprenticeship program. Includes support, cognitive remediation and advocacy. |
| <input type="checkbox"/> Behavioral Symptoms of PANDAS/PANS (Pediatric Acute-onset Neuropsychiatric Disorders Associated with Streptococcus/Pediatric Acute-onset Neuropsychiatric Syndrome) | <input type="checkbox"/> Electroconvulsive Therapy (ECT) |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Emergency Services Program (ESP) |
| <input type="checkbox"/> Bipolar Disorder | <i>Employment Supports</i> – Individualized, person-centered Services providing support to learn and/or maintain a job: |
| <input type="checkbox"/> Blindness or Visual Impairment | <input type="checkbox"/> Pre-vocational – Time-limited services that prepare a participant for paid or unpaid employment |
| <input type="checkbox"/> Caregiver/Family Supports and Services | <input type="checkbox"/> Transitional Employment – Services must be provided by clubhouse or psychosocial club program to strengthen work prospects and skills towards achieving competitive employment |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Intensive Supported Employment – Intensive support when competitive employment is unlikely absent these services |
| <input type="checkbox"/> Certified Pastoral Counseling | <input type="checkbox"/> On-going Supported Employment – Ongoing support for an indefinite period as needed to maintain paid employment |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Enhanced Outpatient Program (EOP) |
| <input type="checkbox"/> Christian Counseling | <input type="checkbox"/> Enhanced Residential Rehabilitation Services for Dually Diagnosed |
| <input type="checkbox"/> Clinically Managed Population-Specific High Intensity Residential Services | <input type="checkbox"/> Evaluation and Assessment – Mental Health |
| <input type="checkbox"/> Clinical Support Services for Substance Use Disorders | <input type="checkbox"/> Eye Movement Desensitization & Reprocessing (EMDR) |
| <input type="checkbox"/> Co-Occurring Disorders Treatment | |
| <input type="checkbox"/> Cognitive Behavioral Therapy | |
| <input type="checkbox"/> Community Integration Counseling | |
| <input type="checkbox"/> Community Psych Support and Treatment | |
| <input type="checkbox"/> Community Self-Advocacy Training and Support | |
| <input type="checkbox"/> Community Support Program (CSP) | |
| <input type="checkbox"/> Community Support Program for People Experiencing Chronic Homelessness (CSPECH) | |
| <input type="checkbox"/> Compulsive Gambling | |
| <input type="checkbox"/> Couples/Marriage Therapy | |
| <input type="checkbox"/> Crisis Center | |

- Family Peer Support Services (FPSS)
- Family Stabilization Team (FST)
- Family Support and Training
- Family Therapy
- Feeding and Eating Disorders
- Fetal Alcohol Syndrome
- Fire Setter Evaluation
- Forensic
- Foster Care
- Functional Family Therapy
- Grief/Bereavement
- Group Therapy
- Habilitation:*
 - Habilitation
 - Residential Supports in Community Settings
- Harm Reduction
- Health and Behavior Assessment and Intervention
- Hearing Impaired Population
- HIV/AIDS/ARC
- Home Care/Home Visits
- Hypnosis
- In Home Behavioral Services (IHBS)
- In Home Therapy (IHT)
- Independent/Qualified Medical Examiner
- Infertility
- Inpatient Therapy
- Intellectual and Developmental Disability
- Intensive Care Coordination (ICC)
- Intensive Individual Support
- Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS)
- Learning Disabilities
- LGBTQ Identified Clinician(s)
- LGBTQ Supportive
- Long Term Care
- Long-Acting Injectable (LAI) Administrator
- Medical Illness/Disease Management
- Medicaid Intensive Outpatient Services (ASAM Level 2.1)
- Medicaid Opioid Treatment Program (OTP) – Physicians Only
- Medication Management
- Methadone Maintenance
- Military Veterans Treatment
- Mobile Crisis Follow-up
- Mobile Crisis Intervention (MCI)
- Mobile Crisis Response
- Mobile Mental Health Treatment
- Mood Disorder
- Multidimensional Family Therapy (MDFT)
- Multi-Systemic Therapy (MST)
- Muslim-Identified Clinician
- Naltrexone Injectable MAT
- Native American Traditional Healing Systems
- Nursing Home Visits
- Obsessive Compulsive Disorder
- OnTrack First Episode Psychosis (FEP)
- Opioid Treatment Service (OTS)
- Organic Disorders
- Other Licensed Practitioner Service/Early and Periodic Screening, Diagnostic and Treatment
- Outpatient Medically Supervised Withdrawal
- Pain Management
- Palliative Care Bereavement
- Palliative Care Expressive Therapy
- Palliative Care Massage Therapy
- Palliative Care Pain & Symptom Management
- Parent Support and Training
- Parent-Child Evaluation
- Personality Disorders
- Personalized Recovery Oriented Services
- Phobias
- Physical Disabilities
- Planned Respite
- Positive Behavioral Interventions & Supports
- Post-Partum Depression
- Post-Traumatic Stress Disorder (PTSD)
- Program of Assertive Community Treatment
- Psych Testing
- Psychiatric Day Treatment
- Psychosocial Rehabilitation (PSR):
 - Clubhouse
- Psychotic/Schizophrenic
- Qualified Integrated Behavioral Health Group (QIBGRP)
- Race-Based Trauma
- Recovery Coaching
- Recovery Support Navigators (RSN)
- Regional Behavioral Health Authority (RHBA)
- Relaxation Techniques
- Residential Rehabilitation Services
- Respite Care
- School Based Services
- Serious Mental Illness
- Sex Offender Treatment
- Sexual Abuse Evaluation
- Sexual Dysfunction
- Sexual Trauma
- Skills Training and Development
- Sleep-Wake Disorders
- Somatoform Disorders
- SPRAVATO® (prescribers only)
- Structured Outpatient Addiction Program (SOAP)
- Supports for Self-Directed Care – Participant or representative has employer and/or budget decision-making authority with support:*
 - Information and Assistance in Support of Participation Direction – Assist in developing and managing the plan
 - Financial Management Services – Assist in budget authority
- Targeted Case Management
- TBI Waiver – Case Management
- TBI Waiver – Community Integration Counseling

- TBI Waiver – Positive Behavior
- Telemental Health (requires Agency Attestation found at Provider Express > Telemental Health resource page)
- Telephonic Crisis Follow-up
- Telephonic Triage and Crisis Response
- Therapeutic Monitoring (TM)
- Transitional Support Services (TSS) for Substance Use Disorders
- Trauma Therapy

- Traumatic Brain Injury (TBI)
- Weapons Clearance
- Workers' Compensation
- Youth Mobile Crisis (Mobile Crisis Intervention) (YMCI)
- Youth Peer Support and Training (YPST)
- Youth Stabilization Services (YSS)
- Youth Support]

Ages Range(s) Served

% of Population in Age Range

Average Number of Sessions

Adult (18 – 64 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Adolescent (13 – 17 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Child (12 years or less)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Geriatric (65 years or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Please list the degree levels, license levels, and certifications required for your professional staff involved in direct care delivery (please attach)

Please include a description of the content and treatment modalities of any specialized outpatient services (Parenting groups, special populations, etc.)

LOCATION ACCESSIBILITIES

Please check all conditions applicable to this location:

- Evening Appointments
- TDD Capability
- Public Transportation Access
- Weekend Appointments

Handicapped Access for:

- Building
- Parking
- Restroom

Hours of Operation:

Monday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Friday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Saturday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Sunday	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	to	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM

UnitedHealthcare requires additional training, experience and/or outside agency approval for the following populations, professionals and specialties. Please review the Specialty Requirements on pages 10-13. If you are not requesting a specialty designation, please check the “No Specialties” box at the bottom of the list to indicate you have read this form and acknowledge that you have not requested these specialties.

As an Authorized Agency Representative, I have reviewed the Specialty Requirements criteria that a Clinician must meet to be considered a specialist in the following treatment areas. After reviewing the criteria, I hereby attest that by placing a check next to a specialty or specialties, our Agency includes at least one clinician who meets our requirements for that treatment area. Any specialties indicated will be included in online directory information for member referral purposes.

For those specialties that require specific documentation, I further attest that such documentation is retained by the Agency and is available to us upon request.

<i>Physician Specialties</i>	<i>Non-Physician Specialties</i>
<input type="checkbox"/> Child/Adolescent (please specify all ages that you treat): <input type="checkbox"/> Infant Mental Health (0-3 years) <input type="checkbox"/> Preschool (0-5 years) <input type="checkbox"/> Children (6-12 years) <input type="checkbox"/> Adolescents (13-18 years)	<input type="checkbox"/> Child/Adolescent (please specify all ages that you treat) – <i>Psychologists only.</i> <input type="checkbox"/> Infant Mental Health (0-3 years) <input type="checkbox"/> Preschool (0-5 years) <input type="checkbox"/> Children (6-12 years) <input type="checkbox"/> Adolescents (13-18 years)
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Assertive Community Treatment (ACT) (<i>requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit</i>)
<input type="checkbox"/> Buprenorphine – Medication Assisted Treatment (MAT) (<i>submit DEA registration with the DATA 2000 prescribing identification number</i>)	<input type="checkbox"/> Certified Group Psychotherapist (CGP) (<i>submit Certification from IBCGP</i>)
<input type="checkbox"/> Certified Group Psychotherapist (CGP) (<i>submit Certification from IBCGP</i>)	<input type="checkbox"/> Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
<input type="checkbox"/> Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)	<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)
<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)	<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)
<input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)	<input type="checkbox"/> Cognitive Processing Therapy (CPT)
<input type="checkbox"/> Cognitive Processing Therapy (CPT)	<input type="checkbox"/> Community Support Team Treatment (CST)
<input type="checkbox"/> Community Support Team Treatment (CST)	<input type="checkbox"/> Comprehensive Multi-Disciplinary Evaluation (CMDE)
<input type="checkbox"/> Comprehensive Multi-Disciplinary Evaluation (CMDE)	<input type="checkbox"/> Coordinated Specialty Care (CSC)
<input type="checkbox"/> Coordinated Specialty Care (CSC)	<input type="checkbox"/> Critical Incident Stress Debriefing (<i>requires CISD certificate</i>)
<input type="checkbox"/> Developmental Relationship-Based Intervention (DRBI) (<i>submit copy of certification</i>)	<input type="checkbox"/> Developmental Relationship-Based Intervention (DRBI) (<i>submit copy of certification</i>)
<input type="checkbox"/> Early Intensive Developmental and Behavioral Intervention (EIDBI)	<input type="checkbox"/> Employee Assistance Professional
<input type="checkbox"/> Medicaid Office-Based Opioid Treatment Program (OBOT)	<input type="checkbox"/> Early Intensive Developmental and Behavioral Intervention (EIDBI)
<input type="checkbox"/> Medicare Opioid Treatment Program (<i>submit copy of SAMHSA certification</i>)	<input type="checkbox"/> Functional Family Therapy (FFT)
<input type="checkbox"/> Neuropsychological Testing	<input type="checkbox"/> Functional Family Therapy – Child Welfare (FFT-CW)
<input type="checkbox"/> Office-Based Addictions Treatment (OBAT)	<input type="checkbox"/> Homebuilders® - Homebuilders Family Preservation Program
<input type="checkbox"/> Prolonged Exposure (PE)	<input type="checkbox"/> Multi-Systemic Therapy (MST)
<input type="checkbox"/> Substance Abuse Expert (<i>submit Nuclear Regulatory Commission qualification training certificate</i>)	<input type="checkbox"/> Neuropsychological Testing – <i>Psychologists only</i>
<input type="checkbox"/> Substance Use Disorder (SUD) – Residential Treatment	<input type="checkbox"/> Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (<i>submit certification email from DEA</i>)
<input type="checkbox"/> Transcranial Magnetic Stimulation (TMS)	
<input type="checkbox"/> Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (<i>submit copy of TF-CBT certification</i>)	
<input type="checkbox"/> Trauma Informed Care (TIC) (<i>submit documentation of completion of TIC training</i>)	

<i>Physician Specialties (cont.)</i>	<i>Non-Physician Specialties (cont.)</i>
<input type="checkbox"/> Triple P (Positive Parenting Program) <i>(submit copy of certification in Triple P – Standards Level 4)</i> <input type="checkbox"/> Trust-Based Relational Intervention (TBRI) <i>(submit documentation of completion of TBRI training)</i>	<input type="checkbox"/> Nurses – Prescriptive Privileges <i>(requires ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based on state requirements)</i> <input type="checkbox"/> Office-Based Addictions Treatment (OBAT) <input type="checkbox"/> Partial Hospitalization Program <input type="checkbox"/> Peer Bridger/Support Services <i>(requires state peer certification or evidence of current training completion)</i> <input type="checkbox"/> Prolonged Exposure (PE) <input type="checkbox"/> Substance Abuse Expert <i>(submit Nuclear Regulatory Commission qualification training certificate)</i> <input type="checkbox"/> Substance Abuse Professional <i>(submit Department of Transportation certificate)</i> <input type="checkbox"/> Transcranial Magnetic Stimulation (TMS) <input type="checkbox"/> Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) <i>(submit copy of TF-CBT certification)</i> <input type="checkbox"/> Trauma Informed Care (TIC) <i>(submit documentation of completion of TIC training)</i> <input type="checkbox"/> Triple P (Positive Parenting Program) <i>(submit copy of certification in Triple P – Standards Level 4)</i> <input type="checkbox"/> Veterans Administration Mental Health Disability Examination – <i>Psychologist only</i>
<input type="checkbox"/> No Specialties	

Please note that standard credentialing criteria must be met before specialty designation can be considered. An Authorized Agency Representative must sign this form whether any specialty designations are being requested or not. Failure to sign this form may cause a delay in the processing of the Agency’s credentialing file.

 Printed Name of Authorized Agency Representative

Date _____

 Signature of Authorized Agency Representative
 (Signature stamps not accepted)

