



AGENCY PROVIDER AREAS OF EXPERTISE AND ATTESTED SPECIALTY FORM

PLEASE FOLLOW THE DIRECTIONS BELOW:

This form is to be used by Agencies where your practice has been designated as:

- A Community Mental Health Center (CMHC),
- A Federally Qualified Health Center (FQHC),
- A Rural Health Center (RHC),
- An Opioid Treatment Program (OTP),
- and/or other Federally or State licensed or certified entity (license or certification is at the organizational level).

Complete this form to request –

- An update to Areas of Expertise
- An update to Specialties that require attestation

Before faxing this form to Optum, please review the form to ensure that:

- The Practice Information section is completely filled out
- If items are checked on the Specialty Attestation pages 4 - 6, that the Specialty Requirements listed on pages 8 – 13 have been met
- Signature and date on page 7 are completed by the Authorized Agency Representative
- Any required documents listed on the Specialty Requirements pages have been attached
- Complete the form for each practice address that is impacted

Fax the completed form and any required documentation to Network Management.

To locate the fax number for your Network Management Team, go to:

providerexpress.com > [Contact Us](#)

If you have questions, call Network Management at 1-877-614-0484.

AGENCY DATA PAGE

Primary Practice – Location # 1

(For additional practice locations copy pages 1 - 7)

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: _____
 Medicaid ID Number: _____ Issue Date: _____ Not Applicable
 Medicare ID Number: _____ Issue Date: _____ Not Applicable

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.

Abuse (physical/sexual, etc.)
Acute Treatment Services (ATS) for Substance Use Disorders (ASAM Level 3.7)
Adoption Issues
Adult Therapy
Anger Management
Anxiety
Assertive Community Treatment (ACT)
Assessment and Referral – Substance Abuse
Attention Deficit Disorder
Autism Spectrum Disorder Treating Clinician
Autism Spectrum Disorder Diagnostic Testing Clinician
Bariatric/Gastric Bypass Evaluation
Behavioral Modification
Behavioral Symptoms of PANDAS/PANS (Pediatric Acute-onset Neuropsychiatric Disorders Associated with Streptococcus/Pediatric Acute-onset Neuropsychiatric Syndrome)
Biofeedback
Bipolar Disorder
Blindness or Visual Impairment
Caregiver/Family Advocacy & Support Services (NY only)
Caregiver/Family Supports and Services
Case Management
Certified Pastoral Counseling
Child Welfare
Christian Counseling
Clinically Managed Population-Specific High Intensity Residential Services (ASAM Level 3.3)
Clinical Support Services for Substance Use Disorders (ASAM Level 3.5)
Co-Occurring Disorders Treatment
Cognitive Behavioral Therapy
Community Crisis Stabilization
Community Habilitation
Community Integration Counseling
Community Psych Support and Treatment
Community Self-Advocacy Training and Support
Community Support Program (CSP)
Community Support Program for Chronically Homeless Individual (CSP-CHI)
Community Support Program for People Experiencing Chronic Homelessness (CSPECH)

Compulsive Gambling
Couples/Marriage Therapy
Crisis Center
Crisis Diversionary Services
Crisis Intervention
Crisis Respite
Day Habilitation
Day Treatment
Depression
Developmental Disabilities
Dialectical Behavioral Therapy
Disability Evaluation/Management (requires memorandum of Understanding – located at <i>providerexpress.com</i>)
Dissociative Disorders
Domestic Violence
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.
Electroconvulsive Therapy (ECT)
Emergency Services Program (ESP)
Employer Management Referral (Non Prescribers only)
Employment Supports – Individualized, person-centered Services providing support to learn and/or maintain a job:
Pre-vocational – Time-limited services that prepare a participant for paid or unpaid employment
Transitional Employment – Services must be provided by clubhouse or psychosocial club program to strengthen work prospects and skills towards achieving competitive employment
Intensive Supported Employment – Intensive support when competitive employment is unlikely absent these services
On-going Supported Employment – Ongoing support for an indefinite period as needed to maintain paid employment
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 Crisis Respite <i>(NY only)</i>
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
Medicaid Intensive Outpatient Services (ASAM Level 2.1)
Medicaid Opioid Treatment Program (OTP) – Physicians Only
Medical Illness/Disease Management
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
Outpatient Rehabilitation

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
Short Term Crisis Respite <i>(NY only)</i>
Skills Training and Development
Sleep-Wake Disorders
Somatoform Disorders
SPRAVATO® (prescribers only)
Structured Outpatient Addiction Program (SOAP)
Substance Use Disorder
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 Support

**OPTUM SPECIALTY ATTESTATION – AGENCY
PRACTICE – LOCATION # 1**

Optum requires additional training, experience and/or outside agency approval for the following populations, professionals, and specialties. Please review the Specialty Requirements on pages 11-15. 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 Optum 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 Optum 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 Optum upon request.

PHYSICIAN SPECIALTIES

Behavioral Health Crisis Care
Behavioral Health Urgent Care Center <i>(MA Medicaid only – must meet the criteria as defined by MassHealth)</i>
Behavior Support Consultation (BSC) <i>(NM only)</i>
Buprenorphine – Medication Assisted Treatment (MAT) <i>(submit DEA registration)</i>
Certified Group Psychotherapist (CGP) <i>(submit Certification from IBCGP)</i>
Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
Child/Adolescent (please specify all ages that you treat):
Infant Mental Health <i>(0-3 years)</i> Preschool <i>(0-5 years)</i>
Children <i>(6-12 years)</i> Adolescents <i>(13-18 years)</i>
Child and Adolescent Needs and Strengths (CANS) 2.0 Assessor <i>(submit documentation of completion of training and certification as Assessor)</i>
Child and Adolescent Needs and Strengths (CANS) 2.0 (Child Welfare) Assessor <i>(submit documentation of completion of training and certification as Assessor)</i>
Cognitive Processing Therapy (CPT)
Community Behavioral Health Centers (CBHC) <i>(Massachusetts ONLY)</i>
Community Brief Crisis Support
Community Support Team (CST)
Comprehensive Multi-Disciplinary Evaluation (CMDE)
Coordinated Specialty Care (CSC)
CSP for Individual w/Justice Involvement <i>(MA only)</i>
Developmental Relationship-Based Intervention (DRBI) <i>(submit copy of certification)</i>
Early Intensive Developmental and Behavioral Intervention (EIDBI)
Early Intervention Provider <i>(Virginia Medicaid only – submit applicable certification)</i>
First Episode Psychosis (FEP)
First Responder
Geriatrics
Individual Placement and Support
Intensive Hospital Diversion <i>(Massachusetts Medicaid only – must meet the performance specs as outlined by MassHealth)</i>
Medicaid Office-Based Opioid Treatment Program (OBOT)
Medicare Opioid Treatment Program <i>(submit copy of SAMHSA certification)</i>
Mobile Response and Stabilization Services (MRSS)
Neuropsychological Testing
Office-Based Addictions Treatment (OBAT)
Outpatient Services/Crisis Stabilization
Personal Care Service
Prolonged Exposure (PE)

PHYSICIAN SPECIALTIES

	Substance Abuse Expert (<i>submit Nuclear Regulatory Commission qualification training certificate</i>)
	Substance Abuse Professional (<i>submit Department of Transportation certificate</i>)
	Substance Use Disorder (SUD) - Outpatient
	Substance Use Disorder (SUD) – Residential Treatment
	Transcranial Magnetic Stimulation (TMS)
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (<i>submit copy of TF-CBT certification</i>)
	Trauma Informed Care Trained
	Triple P (Positive Parenting Program) (<i>submit copy of certification in Triple P – Standards Level 4</i>)
	Trust-Based Relational Intervention (TBRI) (<i>submit documentation of completion of TBRI training</i>)
	Youth PTSD Treatment (YTP)

NON-PHYSICIAN SPECIALTIES

	Assertive Community Treatment (ACT) (<i>requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit</i>)				
	Behavioral Health Crisis Care				
	Behavioral Health Urgent Care Center (<i>Massachusetts Medicaid only – must meet the criteria as defined by MassHealth</i>)				
	Behavior Support Consultation (BSC) (<i>NM only</i>)				
	Certified Group Psychotherapist (CGP) (<i>submit Certification from IBCGP</i>)				
	Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)				
	Child/Adolescent (please specify all ages that you treat):				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Infant Mental Health (0-3 years)</td> <td style="width: 50%; border: none;">Preschool (0-5 years)</td> </tr> <tr> <td style="border: none;">Children (6-12 years)</td> <td style="border: none;">Adolescents (13-18 years)</td> </tr> </table>	Infant Mental Health (0-3 years)	Preschool (0-5 years)	Children (6-12 years)	Adolescents (13-18 years)
Infant Mental Health (0-3 years)	Preschool (0-5 years)				
Children (6-12 years)	Adolescents (13-18 years)				
	Child and Adolescent Needs and Strengths (CANS) 2.0 Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)				
	Child and Adolescent Needs and Strengths (CANS) 2.0 (Child Welfare) Assessor (<i>submit documentation of completion of training and certification as Assessor</i>)				
	Cognitive Processing Therapy (CPT)				
	Community Behavioral Health Centers (CBHC) (Massachusetts ONLY)				
	Community Brief Crisis Support				
	Community Support Team (CST)				
	Comprehensive Multi-Disciplinary Evaluation (CMDE)				
	Coordinated Specialty Care (CSC)				
	Critical Incident Stress Debriefing (requires CISD certificate)				
	CSP for Individual w/Justice Involvement (MA only)				
	Developmental Relationship-Based Intervention (DRBI) (<i>submit copy of certification</i>)				
	Early Intensive Developmental and Behavioral Intervention (EIDBI)				
	Early Intervention Provider (<i>Virginia Medicaid only – submit applicable certification</i>)				
	First Episode Psychosis (FEP)				
	First Responder				
	Functional Family Therapy (FFT)				
	Functional Family Therapy – Child Welfare (FFT-CW)				
	Homebuilders® - Homebuilders Family Preservation Program				
	Individual Placement and Support				
	Intensive Hospital Diversion (<i>Massachusetts Medicaid only – must meet the performance specs as outlined by MassHealth</i>)				
	Mobile Response and Stabilization Services (MRSS)				
	Multi-Systemic Therapy (MST)				
	Neuropsychological Testing – <i>Psychologists only</i>				
	Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (<i>submit certification email from DEA</i>)				

NON-PHYSICIAN SPECIALTIES

	Multi-Systemic Therapy (MST)
	Neuropsychological Testing – <i>Psychologists only</i>
	Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (<i>submit certification email from DEA</i>)
	Nurses – Prescriptive Privileges (<i>requires ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based on state requirements</i>)
	Office-Based Addictions Treatment (OBAT)
	Outpatient Services/Crisis Stabilization
	Partial Hospitalization Program
	Peer Bridger/Support Services (<i>requires state peer certification or evidence of current training completion</i>)
	Personal Care Service
	Prolonged Exposure (PE)
	Substance Abuse Expert (<i>submit Nuclear Regulatory Commission qualification training certificate</i>)
	Substance Abuse Professional (<i>submit Department of Transportation certificate</i>)
	Substance Use Disorder (SUD) - Outpatient
	Transcranial Magnetic Stimulation (TMS)
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (<i>submit copy of TF-CBT certification</i>)
	Trauma Informed Care Trained
	Triple P (Positive Parenting Program) (<i>submit copy of certification in Triple P – Standards Level 4</i>)
	Trust- Based Relational Intervention (TBRI) (<i>submit documentation of completion of TBRI training</i>)
	Veterans Administration Mental Health Disability Examination – <i>Psychologist only</i>

EMPLOYEE ASSISTANCE PROGRAM (non-prescribers)

An Employee Assistance Program (EAP) is a health and wellness service provided by an employer. A member receiving this service has no financial responsibility—**no deductible, co-payment, or coinsurance** amount. EAP is designed to provide assessment and referral, as well as a brief counseling intervention for Members and/or their families. All Optum- contracted therapists are allowed to provide and bill for EAP services. All Optum in-network non-prescriber therapists are expected to support and accept Members who request an EAP benefit (in compliance with your Agreement). You must select an area of expertise for EAP from the list below or select the “Not Applicable...” box if your agency includes only prescribers:

- Not applicable. All providers in this agency are MDs, Registered Nurses, Nurse Practitioners or Physician Assistants with prescriptive authority.
- This agency provides Employee Assistance Program services (by way of its non-prescriber therapists only). By checking this box, I acknowledge that, as a contracted Optum agency, the agency supports and accepts Members who request an EAP appointment, in accordance with our Agreement.

Providers who have additional EAP training or certification may attest to meeting requirements shown below and be designated with the expertise in Optum’s online provider directory. If a provider or providers in your agency meet the requirements of either of the two designations shown below, select the one(s) they meet. NOTE: neither of the two designations listed below is required in order to provide EAP services.

- Certified Employee Assistance Professional (submit Certificate from the Employee Assistance Certification Commission)
- Employee Assistance Professional requires:
- Minimum of two (2) years’ experience in the delivery of EAP core technology as defined by EAPA, **and**
 - Minimum of one (1) annual training (CEU credits or professional development hours) in any of the eight (8) EAP content areas

I understand that Optum 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 an Optum 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 Optum 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

Signature of Authorized Agency Representative
(Signature stamps not accepted)

Date: _____

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

BEHAVIORAL HEALTH CRISIS CARE

- Must have state license with certification to provide service

BEHAVIORAL HEALTH URGENT CARE CENTER

- Massachusetts Medicaid only
- Must meet the criteria as defined by MassHealth

BEHAVIOR SUPPORT CONSULTATION (BSC)

- Must meet NM training requirement for Behavior Support Consultation (BSC)

BUPRENORPHINE – MEDICATION ASSISTED TREATMENT (MAT)

- DEA registration certificate

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 BEHAVIORAL HEALTH CENTERS (CBHC)

- Need to be on the Mass Health designation listing and submit their designation letter
- Will need the CBHC License for the designated location

COMMUNITY BRIEF CRISIS SUPPORT

- Must have state license with certification to provide service

COMMUNITY SUPPORT TEAM TREATMENT (CST)

- Must meet state requirements
- In Illinois, must be certified to provide CST by the Illinois Department of Human Services' Division of Mental Health and approved to provide CST by the Department of Healthcare and Family Services, or its designee, in accordance with 89 Ill. Adm. Code 140

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
- In Illinois, must be contracted with the Illinois Department of Human Services' Division of Mental Health to be FIRST.IL provider to deliver coordinated specialty care for first episode psychosis treatment

CSP FOR INDIVIDUAL w/JUSTICE INVOLVEMENT (MA only)

- Attest to being able to provide the service, with the performance specification for Massachusetts

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

EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)

- Must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention services in accordance with 12 VAC 30-50-131
- Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator

FIRST EPISODE PSYCHOSIS (FEP)

- Must meet First Episode Psychosis program criteria.

PHYSICIAN SPECIALTY REQUIREMENTS

<p><u>FIRST RESPONDER</u> Must have 2 or more of the following qualifying attributes:</p> <ul style="list-style-type: none"> • 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
<p><u>INDIVIDUAL PLACEMENT AND SUPPORT</u></p> <ul style="list-style-type: none"> • Must have state license with certification to provide service
<p><u>INTENSIVE HOSPITAL DIVERSION</u> (<i>Massachusetts Medicaid only</i>)</p> <ul style="list-style-type: none"> • Must meet performance specs as outlined by MassHealth
<p><u>MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT)</u></p> <ul style="list-style-type: none"> • State certificate, if applicable in your state
<p><u>MEDICARE OPIOID TREATMENT PROGRAM</u></p> <ul style="list-style-type: none"> • Requires certification from the Substance Abuse and Mental Health Administration (SAMHSA) and DEA
<p><u>MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS):</u></p> <ul style="list-style-type: none"> • Must meet state requirements • In Ohio – Must complete 2-day MRSS Training requirement
<p><u>NEUROPSYCHOLOGICAL TESTING</u></p> <ul style="list-style-type: none"> • Recognized certification in Neurology through the American Board of Psychiatry and Neurology <p>OR</p> <ul style="list-style-type: none"> • Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association <p>AND all of the following criteria:</p> <ul style="list-style-type: none"> • 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
<p><u>OFFICE-BASED ADDICTIONS TREATMENT (OBAT)</u></p> <ul style="list-style-type: none"> • Provider must have hired a Navigator to assist with OBAT services
<p><u>OUTPATIENT SERVICES/CRISIS STABILIZATION</u></p> <ul style="list-style-type: none"> • Agency must have license from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for Outpatient Services/Crisis Stabilization for Virginia Medicaid
<p><u>PERSONAL CARE SERVICE</u></p> <ul style="list-style-type: none"> • Must have state license with certification to provide service
<p><u>PROLONGED EXPOSURE (PE)</u></p> <ul style="list-style-type: none"> • 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
<p><u>SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC)</u></p> <ul style="list-style-type: none"> • Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc., Program Services, and SAPAA)
<p><u>SUBSTANCE ABUSE PROFESSIONAL (SAP):</u></p> <ul style="list-style-type: none"> • Certificate of training in federal Department of Transportation SAP functions and regulatory requirements (agencies providing such certification include, but not limited to, Blair and Burke, EAPA and NMDAC)
<p><u>SUBSTANCE USE DISORDER (SUD) – OUTPATIENT</u></p> <ul style="list-style-type: none"> • Must meet Ohio state guidelines for Substance Use Disorder
<p><u>TRANSCRANIAL MAGNETIC STIMULATION (TMS)</u></p> <ul style="list-style-type: none"> • Completion of all training related to use of FDA-cleared device(s) to be used in accordance with FDA-labeled indication
<p><u>TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)</u></p> <ul style="list-style-type: none"> • Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program
<p><u>TRAUMA INFORMED CARE TRAINED</u></p> <ul style="list-style-type: none"> • Completed Trauma Informed Care continuing Medical education credits (CMEs)
<p><u>TRIPLE P (Positive Parenting Program)</u></p> <ul style="list-style-type: none"> • Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America
<p><u>TRUST-BASED RELATIONAL INTERVENTION (TBRI)</u></p> <ul style="list-style-type: none"> • Must have completed training in Trust-Based Relational Intervention
<p><u>YOUTH PTSD TREATMENT (YPT):</u></p> <ul style="list-style-type: none"> • Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment

NON-PHYSICIAN CLINICIANS SPECIALTY REQUIREMENTS

<p><u>CHILD/ADOLESCENT – Psychologists Only</u></p> <ul style="list-style-type: none"> Completion of an APA approved or other accepted training/certification program in Clinical Child Psychology (this specialty includes Infants, Preschool, Children and Adolescents)
<p><u>BEHAVIORAL HEALTH CRISIS CARE</u></p> <ul style="list-style-type: none"> Must have state license with certification to provide service
<p><u>BEHAVIORAL HEALTH URGENT CARE CENTER</u></p> <ul style="list-style-type: none"> Massachusetts Medicaid only Must meet the criteria as defined by MassHealth
<p><u>CERTIFIED GROUP PSYCHOTHERAPIST</u></p> <ul style="list-style-type: none"> Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)
<p><u>CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)</u></p> <ul style="list-style-type: none"> Completion of an APA or other accepted training in Addictionology <p>OR</p> <ul style="list-style-type: none"> Certification in Addiction Counseling <p>AND one (1) or more of the following:</p> <ul style="list-style-type: none"> 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
<p><u>CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR</u></p> <ul style="list-style-type: none"> Must have completed training on CANS and be certified as an Assessor
<p><u>CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR</u></p> <ul style="list-style-type: none"> Must have completed training on CANS and be certified as an Assessor
<p><u>COGNITIVE PROCESSING THERAPY (CPT)</u></p> <ul style="list-style-type: none"> 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
<p><u>COMMUNITY BEHAVIORAL HEALTH CENTERS (CBHC)</u></p> <ul style="list-style-type: none"> Need to be on the Mass Health designation listing and submit their designation letter Will need the CBHC License for the designated location
<p><u>COMMUNITY BRIEF CRISIS SUPPORT</u></p> <ul style="list-style-type: none"> Must have state license with certification to provide service
<p><u>COMMUNITY SUPPORT TEAM TREATMENT (CST)</u></p> <ul style="list-style-type: none"> Must meet state requirements In Illinois, must be certified to provide CST by the Illinois Department of Human Services' Division of Mental Health and approved to provide CST by the Department of Healthcare and Family Services, or its designee, in accordance with 89 Ill. Adm. Code 140
<p><u>COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)</u></p> <ul style="list-style-type: none"> Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements
<p><u>COORDINATED SPECIALTY CARE (CSC)</u></p> <ul style="list-style-type: none"> Must meet state requirements In Illinois, must be contracted with the Illinois Department of Human Services' Division of Mental Health to be FIRST.IL provider to deliver coordinated specialty care for first episode psychosis treatment
<p><u>CRITICAL INCIDENT STRESS DEBRIEFING</u></p> <ul style="list-style-type: none"> Certificate of CISD training from American Red Cross or Mitchell model Documentation of training and CEU units in the provision of CISD services
<p><u>CSP FOR INDIVIDUAL w/JUSTICE INVOLVEMENT (MA only)</u></p> <ul style="list-style-type: none"> Attest to being able to provide the service, with the performance specification for Massachusetts
<p><u>DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)</u></p> <ul style="list-style-type: none"> Requires certification in DRBI
<p><u>EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)</u></p> <ul style="list-style-type: none"> Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements
<p><u>EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)</u></p> <ul style="list-style-type: none"> Must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention services in accordance with 12 VAC 30-50-131 Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator
<p><u>FIRST EPISODE PSYCHOSIS (FEP)</u></p> <ul style="list-style-type: none"> Must meet First Episode Psychosis program criteria.

NON-PHYSICIAN CLINICIAN SPECIALTY 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

INDIVIDUAL PLACEMENT AND SUPPORT

- Must have state license with certification to provide service

INTENSIVE HOSPITAL DIVERSION (*Massachusetts Medicaid only*)

- Must meet performance specs as outlined by MassHealth

MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS):

- Must meet state requirements
- In Ohio – Must complete 2-day MRSS Training requirement

NEUROPSYCHOLOGICAL TESTING

OR

- Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology
- 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 Optum attestation (page 7)

OFFICE-BASED ADDICTIONS TREATMENT (OBAT)

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

OUTPATIENT SERVICES/CRISIS STABILIZATION

- Agency must have license from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for Outpatient Services/Crisis Stabilization for Virginia Medicaid

PERSONAL CARE SERVICE

- Must have state license with certification to provide service

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 not limited to, Blair and Burke, EAPA and NMDAC)

SUBSTANCE USE DISORDER (SUD) – OUTPATIENT

- Must meet Ohio state guidelines for Substance Use Disorder

NON-PHYSICIAN CLINICIAN SPECIALTY REQUIREMENTS

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 TRAINED

- Completed Trauma Informed Care continuing education credits (CEUs)

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

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 REQUIREMENTS

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 Optum prior to credentialing or contracting)

AGENCY SPECIALTY REQUIREMENTS

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
- In Illinois, must be certified to provide CST by the Illinois Department of Human Services' Division of Mental Health and approved to provide CST by the Department of Healthcare and Family Services, or its designee, in accordance with 89 Ill. Adm. Code 140

COORDINATED SPECIALTY CARE (CSC)

- Must meet state requirements
- In Illinois, must be contracted with the Illinois Department of Human Services' Division of Mental Health to be FIRST.IL provider to deliver coordinated specialty care for first episode psychosis treatment

DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)

- Requires certification in DRBI

AGENCY SPECIALTY REQUIREMENTS

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

OUTPATIENT SERVICES/CRISIS STABILIZATION

- Must have license from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for Outpatient Services/Crisis Stabilization for Virginia Medicaid

PARTIAL HOSPITALIZATION PROGRAM

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