



### Clinician Specialty Attestation

To add or modify your area(s) of attested specialty(ies):

- Complete and sign this form
- Return the completed form and any requested supportive documents to your Optum contact.
  - To find your Optum contact, go to [providerexpress.com](http://providerexpress.com) > Contact Us > Network Management > Network Management Contact Information and select your state
- If you have any questions, contact us at 1-877-614-0484

Clinician Name: \_\_\_\_\_ CAQH# \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ State: \_\_\_\_\_ License: \_\_\_\_\_

NPI# (Type I) \_\_\_\_\_

- **You must sign this document on page 4 if you are requesting any of these specialty designations be added or modified in your provider record.**
- Additional training, experience, requirements, and/or outside agency approval is required for the following populations, professional certifications, and specialties.
- **Please review Specialty Requirements on pages 5 - 8.**

## Optum Specialty Attestation

**You must sign this document even if you are not requesting any of these specialty designations in your provider record.** Additional training, experience, requirements, and/or outside agency approval is required for the following populations, professional certifications, and specialties. **Please review Specialty Requirements on pages 8-11.**

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.

*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, I meet Optum requirements for that treatment area.*

### Physician Specialties

- Child/Adolescent (please specify all ages that you treat)
  - Infant Mental Health (0-3 years)
  - Preschool (0-5 years)
  - Children (6-12 years)
  - Adolescents (13-18 years)
- Behavior Support Consultation (BSC) (NM only)
- Buprenorphine – Medication Assisted Treatment (MAT) (**submit DEA registration**)
- Case Management for Children and Pregnant Women (CPW) (TX Medicaid only)
- Certified Group Psychotherapist (CGP) (**submit Certification from IBCGP**)
- Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
- Child and Adolescent Needs and Strengths (CANS) 2.0 Assessor (**submit documentation of completion of training and certification as Assessor**)
- Child and Adolescent Needs and Strengths (CANS) 2.0 (Child Welfare) Assessor (**submit documentation of of training and certification as Assessor**) completion
- Child-Parent Psychotherapy (CPP)
- Cognitive Processing Therapy (CPT)
- Community Support Program for Individual w/Justice Involvement (MA Only)
- Community Support Program – Tenancy Preservation Program (CSP-TPP) (MA Only)
- Community Support Team Treatment (CST)
- Comprehensive Multi-Disciplinary Evaluation (CMDE)
- Coordinated Specialty Care (CSC)
- Developmental Relationship-Based Intervention (DRBI) (**submit copy of certification**)
- Early Intensive Developmental and Behavioral Intervention (EIDBI)
- Early Intervention Provider (Virginia Medicaid only – submit applicable certification)
- Epilepsy (CO specific)
- First Responder
- Gender Identity (CO specific)
- Geriatrics
- Healthy Texas Women (HTW)
- Individual Placement & Support
- Infant Toddler Mental Health Certification (ITMHC)
- Medicaid Office-Based Opioid Treatment Program (OBOT)
- Mental Health Holds (CO specific)
- Mobile Response and Stabilization Services (MRSS)
- Neuropsychological Testing
- Office-Based Addictions Treatment (OBAT)
- Parent-Child Interaction Therapy (PCIT)
- Preschool PTSD Treatment (PPT)
- Prolonged Exposure (PE)
- Qualified Supervising Professional (MN Medicaid Only)
- Qualified Supervisor (MN Medicaid Only)
- Safe Spaces (CO specific)
- Substance Abuse Expert (**submit Nuclear Regulatory Commission qualification training certificate**)
- Transcranial Magnetic Stimulation (TMS)

### Physician Specialties (continued)

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (**submit copy of TF-CBT certification**)
- Trauma Informed Care (TIC) (**submit documentation of completion of TIC training**)
- Triple P (Positive Parenting Program) (**submit copy of certification in Triple P – Standards Level 4**)
- Trust-Based Relational Intervention (TBRI) (**submit documentation of completion of TBRI training**)
- Youth PTSD Treatment (YPT)

### Non-Physician Specialties

- Behavior Support Consultation (BSC) (NM only)
- Child/Adolescent (please specify all ages that you treat)
  - Infant Mental Health (0-3 years)
  - Children (6-12 years)
  - Preschool (0-5 years)
  - Adolescents (13-18 years)
- Case Management for Children and Pregnant Women (CPT) (TX Medicaid only)
- Certified Group Psychotherapist (CGP) (**submit Certification from IBCGP**)
- Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
- Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (**submit documentation verifying completion of training and certification as Assessor**)
- Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (**submit documentation verifying completion of training and certification as Assessor**)
- Child-Parent Psychotherapy (CPP)
- Cognitive Processing Therapy (CPT)
- Community Support Program – Tenancy Preservation Program (CSP-TPP) (MA Only)
- Community Support Team Treatment CST)
- Comprehensive Multi-Disciplinary Evaluation (CMDE)
- Coordinated Specialty Care (CSC)
- Critical Incident Stress Debriefing (**submit CISD certificate**)
- CSP for Individual w/Justice Involvement (MA Only)
- Developmental Relationship-Based Intervention (DRBI) (**submit copy of certification**)
- Early Intensive Developmental and Behavioral Intervention (EIDBI)
- Early Intervention Provider (Virginia Medicaid only – submit applicable certification)
- Epilepsy (CO specific)
- First Responder
- Gender Identity (CO specific)
- Healthy Texas Women (HTW)
- Individual Placement & Support
- Infant Toddler Mental Health Certification (ITMHC)
- Mental Health Holds (CO specific)
- Mobile Response and Stabilization Services (MRSS)
- Neuropsychological Testing – *Psychologists only*
- Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (submit certification email from DEA)
- Nurses–Prescriptive Privileges (**submit ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based upon state requirement**)
- Office-Based Addictions Treatment (OBAT)
- Parent-Child Interaction Therapy (PCIT)
- Preschool PTSD Treatment (PPT)
- Prolonged Exposure (PE)

## Non-Physician Specialties (continued)

- Qualified Supervising Professional (*MN Medicaid Only*)
- Qualified Supervisor (*MN Medicaid Only*)
- Safe Spaces (CO specific)
- Substance Abuse Expert (**submit Nuclear Regulatory Commission qualification training certificate**)
- Substance Abuse Professional (**submit Department of Transportation certificate**)
- Transcranial Magnetic Stimulation (TMS)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (**submit copy of TF-CBT certification**)
- Trauma Informed Care (TIC) (**submit documentation of completion of TIC training**)
- Triple P (Positive Parenting Program) (**submit copy of certification in Triple P – Standards Level 4**)
- Trust-Based Relational Intervention (TBRI) (**submit documentation of completion of TBRI training**)
- Veterans Administration Mental Health Disability Examination –*Psychologists only*
- Youth PTSD Treatment (YPT)

## 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 therapists are expected to support and accept Members who request an EAP benefit (in compliance with your Agreement). (There are limitations around the use of EAP benefits with prescribers.) You must select an area of expertise for EAP from the list below or select the “Not Applicable...” box if you are a prescriber:

- Not applicable. I am an MD, Registered Nurse, Nurse Practitioner or Physician Assistant with prescriptive authority.
- I provide Employee Assistance Program services – By checking this box, I acknowledge that, as a contracted Optum therapist, I am expected to support and accept Members who request an EAP appointment, in accordance with my 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 you meet the requirements of either of the two designations shown below, select the one you 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 (\*) EAP content areas

**No Specialties (must be checked if no other specialties are being designated in this *Optum Specialty Attestation* section)**

I understand that Optum may require documentation to verify that I meet the criteria outlined under Specialty Requirements pertaining to the specialty or specialties I have designated above. I will cooperate with an Optum documentation audit, if requested, to verify that I meet 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 my termination from the Optum network.

**Please note that standard credentialing criteria must be met before specialty designation can be considered. All clinicians must sign this form whether specialties are applicable or not. Failure to sign this form may cause a delay in the processing of your initial credentialing file.**

- I acknowledge that I have read the Agreement, *Network Manual*, and, if applicable for my state, the State Regulatory Attachment, Medicare Regulatory Attachment and/or Medicaid Regulatory Attachment.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature stamps are not accepted.

**Important Note: Signature on the Optum Specialty Attestation page is required of all applicants**

## PHYSICIAN SPECIALTY REQUIREMENTS

<b>BEHAVIOR SUPPORT CONSULTATION (BSC)</b> <ul style="list-style-type: none"> <li>▪ Must meet NM training requirements for Behavior Support Consultation (BSC)</li> </ul>		
<b>CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN (CPW)</b> <ul style="list-style-type: none"> <li>▪ Texas Medicaid Only</li> <li>▪ Provider will upload certification to participate in the program</li> </ul>		
<b>CHILD/ADOLESCENT:</b> <ul style="list-style-type: none"> <li>▪ Completion of an ACGME approved Child and Adolescent Fellowship <b>OR</b> recognized certification in Adolescent Psychiatry (This specialty includes Infants, Preschool, Children and Adolescents)</li> </ul>		
<b>GERIATRICS:</b> <ul style="list-style-type: none"> <li>▪ Completion of an ACGME approved Geriatric Fellowship <b>OR</b> recognized certification in Geriatric Psychiatry</li> </ul>		
<b>BUPRENORPHINE – MEDICATION ASSISTED TREATMENT:</b> <ul style="list-style-type: none"> <li>▪ DEA registration certificate</li> </ul>		
<b>CERTIFIED GROUP PSYCHOTHERAPIST:</b> <ul style="list-style-type: none"> <li>▪ Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)</li> </ul>		
<b>CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER:</b> <ul style="list-style-type: none"> <li>▪ Completion of an ACGME Board certification in addiction psychiatry <b>OR</b> certification in addiction medicine <b>OR</b> certified by the American Society of Addiction Medicine (ASAM)/renamed American Board of Addiction Medicine (ABAM)</li> </ul>		
<b>CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR:</b> <ul style="list-style-type: none"> <li>▪ Must have completed training on CANS and be certified as an Assessor</li> </ul>		
<b>CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR:</b> <ul style="list-style-type: none"> <li>▪ Must have completed training on CANS and be certified as an Assessor</li> </ul>		
<b>CHILD-PARENT PSYCHOTHERAPY (CPP):</b> <ul style="list-style-type: none"> <li>▪ Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco</li> </ul>		
<b>COGNITIVE PROCESSING THERAPY (CPT):</b> <ul style="list-style-type: none"> <li>▪ Licensed mental health provider must complete training in CPT by approved trainer</li> <li>▪ Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant</li> </ul>		
<b>COMMUNITY SUPPORT TEAM TREATMENT (CST):</b> <ul style="list-style-type: none"> <li>▪ Must meet state requirements</li> <li>▪ 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</li> </ul>		
<b>COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE):</b> <ul style="list-style-type: none"> <li>▪ Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements</li> </ul>		
<b>COORDINATED SPECIALTY CARE (CSC):</b> <ul style="list-style-type: none"> <li>▪ Must meet state requirements</li> <li>▪ 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</li> </ul>		
<b>CSP FOR INDIVIDUAL W/JUSTICE INVOLVEMENT (MA Only)</b> <ul style="list-style-type: none"> <li>▪ Attest to being able to provide the service, with the performance specification for Massachusetts</li> </ul>		
<b>DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI):</b> <ul style="list-style-type: none"> <li>▪ Requires certification in DRBI</li> </ul>		
<b>EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI):</b> <ul style="list-style-type: none"> <li>▪ Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements</li> </ul>		
<b>EARLY INTERVENTION PROVIDER (VIRGINIA MEDICAID ONLY):</b> <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator</li> </ul>		
<b>FIRST RESPONDER:</b> <ul style="list-style-type: none"> <li>▪ Must have 2 or more of the following qualifying attributes:                             <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• First Responder culture training</li> <li>• Experience working with First Responders (percentage of practice)</li> <li>• Advanced PTSD/EMDR or trauma informed care</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• Substance abuse disorder certified/licensed</li> <li>• Background as a First Responder</li> <li>• Knowledge of continuing care resources in this specialization</li> </ul> </td> </tr> </table> </li> </ul>	<ul style="list-style-type: none"> <li>• First Responder culture training</li> <li>• Experience working with First Responders (percentage of practice)</li> <li>• Advanced PTSD/EMDR or trauma informed care</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse disorder certified/licensed</li> <li>• Background as a First Responder</li> <li>• Knowledge of continuing care resources in this specialization</li> </ul>
<ul style="list-style-type: none"> <li>• First Responder culture training</li> <li>• Experience working with First Responders (percentage of practice)</li> <li>• Advanced PTSD/EMDR or trauma informed care</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse disorder certified/licensed</li> <li>• Background as a First Responder</li> <li>• Knowledge of continuing care resources in this specialization</li> </ul>	
<b>HEALTHY TEXAS WOMEN (HTW)</b> <ul style="list-style-type: none"> <li>▪ Provider must complete and provide the TX certification to participate in this program.</li> </ul>		
<b>INDIVIDUAL PLACEMENT &amp; SUPPORT</b> <ul style="list-style-type: none"> <li>▪ Provider must have state license with the certification to provide this service</li> </ul>		
<b>MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT):</b> <ul style="list-style-type: none"> <li>▪ State certificate, if applicable in your state</li> </ul>		

<b>MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS):</b> <ul style="list-style-type: none"> <li>Must meet state requirements</li> <li>In Ohio – Must complete 2-day MRSS Training requirement</li> </ul>
<b>NEUROPSYCHOLOGICAL TESTING:</b> <ul style="list-style-type: none"> <li>Recognized certification in Neurology through the American Board of Psychiatry and Neurology OR</li> <li>Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association</li> </ul> <b>AND all of the following criteria:</b> <ul style="list-style-type: none"> <li>State medical licensure does not include provisions that prohibit neuropsychological testing service;</li> <li>Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;</li> </ul> Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.
<b>OFFICE-BASED ADDITIONS TREATMENT (OBAT):</b> <ul style="list-style-type: none"> <li>Provider must have hired a Navigator to assist with OBAT services</li> </ul>
<b>PARENT-CHILD INTERACTION THERAPY (PCIT):</b> <ul style="list-style-type: none"> <li>Must be certified by PCIT International</li> </ul>
<b>PRESCHOOL PTSD TREATMENT (PPT):</b> <ul style="list-style-type: none"> <li>Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment</li> </ul>
<b>PROLONGED EXPOSURE (PE):</b> <ul style="list-style-type: none"> <li>Licensed mental health provider must complete training in PE by approved trainer</li> <li>Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant</li> </ul>
<b>QUALIFIED SUPERVISING PROFESSIONAL:</b> <ul style="list-style-type: none"> <li>Must meet the DHS MN State requirement for Medicaid providers</li> </ul>
<b>QUALIFIED SUPERVISOR:</b> <ul style="list-style-type: none"> <li>Must meet the DHS MN State requirement for Medicaid providers</li> </ul>
<b>SUBSTANCE ABUSE EXPERT (SAE) – NUCLEAR REGULATORY COMMISSION (NRC):</b> <ul style="list-style-type: none"> <li>Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc, Program Services, and SAPAA)</li> </ul>
<b>TRANSCRANIAL MAGNETIC STIMULATION (TMS):</b> <ul style="list-style-type: none"> <li>Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications</li> </ul>
<b>TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT):</b> <ul style="list-style-type: none"> <li>Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program</li> </ul>
<b>TRAUMA INFORMED CARE TRAINED:</b> <ul style="list-style-type: none"> <li>Completed Trauma Informed Care continuing Medical education credits (CMEs)</li> </ul>
<b>TRIPLE P (POSITIVE PARENTING PROGRAM):</b> <ul style="list-style-type: none"> <li>Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America</li> </ul>
<b>TRUST-BASED RELATIONAL INTERVENTION (TBRI):</b> <ul style="list-style-type: none"> <li>Must have completed training in Trust-Based Relational Intervention</li> </ul>
<b>YOUTH PTSD TREATMENT (YPT):</b> <ul style="list-style-type: none"> <li>Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment</li> </ul>

<b>NON-PHYSICIAN CLINICIANS SPECIALTY REQUIREMENTS</b>
<b>BEHAVIOR SUPPORT CONSULTATION (BSC)</b> <ul style="list-style-type: none"> <li>Must meet NM training requirements for Behavior Support Consultation (BSC)</li> </ul>
<b>CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN (CPW)</b> <ul style="list-style-type: none"> <li>Texas Medicaid Only</li> <li>Provider will upload certification to participate in the program</li> </ul>
<b>CHILD/ADOLESCENT – PSYCHOLOGISTS ONLY:</b> <ul style="list-style-type: none"> <li>Completion of an APA approved or other accepted training/certification program in Clinical Child Psychology (This specialty includes Infants, Preschool, Children and Adolescents)</li> </ul>
<b>CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR:</b> <ul style="list-style-type: none"> <li>Must have completed training on CANS and be certified as an Assessor</li> </ul>
<b>CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR:</b> <ul style="list-style-type: none"> <li>Must have completed training on CANS and be certified as an Assessor</li> </ul>
<b>CERTIFIED GROUP PSYCHOTHERAPIST:</b> <ul style="list-style-type: none"> <li>Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)</li> </ul>

<p><b>CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER:</b></p> <ul style="list-style-type: none"> <li>▪ Completion an APA or other accepted training in Addictionology</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Certification in Addiction Counseling</li> </ul> <p><b>AND one (1) or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period</li> <li>▪ Evidence of twenty-five percent (25%) practice experience in substance abuse</li> </ul>
12
<p><b>CHILD-PARENT PSYCHOTHERAPY (CPP):</b></p> <ul style="list-style-type: none"> <li>▪ Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco</li> </ul>
<p><b>COGNITIVE PROCESSING THERAPY (CPT):</b></p> <ul style="list-style-type: none"> <li>▪ Licensed mental health provider must complete training in CPT by approved trainer</li> <li>▪ Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant</li> </ul>
<p><b>COMMUNITY SUPPORT TEAM TREATMENT (CST):</b></p> <ul style="list-style-type: none"> <li>▪ Must meet state requirements</li> <li>▪ 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. Code140</li> </ul>
<p><b>COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE):</b></p> <ul style="list-style-type: none"> <li>▪ Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements</li> </ul>
<p><b>COORDINATED SPECIALTY CARE (CSC):</b></p> <ul style="list-style-type: none"> <li>▪ Must meet state requirements</li> <li>▪ 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</li> </ul>
<p><b>CRITICAL INCIDENT STRESS DEBRIEFING:</b></p> <ul style="list-style-type: none"> <li>▪ Certificate of CISD training from American Red Cross or Mitchell model</li> <li>▪ Documentation of training and CEU units in the provision of CISD services</li> </ul>
<p><b>CSP FOR INDIVIDUAL W/JUSTICE INVOLVEMENT (MA Only)</b></p> <ul style="list-style-type: none"> <li>▪ Attest to being able to provide the service, with the performance specification for Massachusetts</li> </ul>
<p><b>DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI):</b></p> <ul style="list-style-type: none"> <li>▪ Requires certification in DRBI</li> </ul>
<p><b>EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI):</b></p> <ul style="list-style-type: none"> <li>▪ Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements</li> </ul>
<p><b>EARLY INTERVENTION PROVIDER (VIRGINIA MEDICAID ONLY):</b></p> <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator</li> </ul>
<p><b>FIRST RESPONDER:</b></p> <ul style="list-style-type: none"> <li>▪ Must have 2 or more of the following qualifying attributes: <ul style="list-style-type: none"> <li>• First Responder culture training</li> <li>• Experience working with First Responders (percentage of practice)</li> <li>• Advanced PTSD/EMDR or trauma informed care</li> <li>• Substance abuse disorder certified/licensed</li> <li>• Background as a First Responder</li> <li>• Knowledge of continuing care resources in this specialization</li> </ul> </li> </ul>
<p><b>HEALTHY TEXAS WOMEN (HTW)</b>  Provider must complete and provide the TX certification to participate in this program.</p>
<p><b>INDIVIDUAL PLACEMENT &amp; SUPPORT</b></p> <ul style="list-style-type: none"> <li>▪ Provider must have state license with the certification to provide this service</li> </ul>
<p><b>MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS):</b></p> <ul style="list-style-type: none"> <li>▪ Must meet state requirements</li> <li>▪ In Ohio – Must complete 2-day MRSS Training requirement</li> </ul>
<p><b>NEUROPSYCHOLOGICAL TESTING – PSYCHOLOGISTS ONLY:</b></p> <ul style="list-style-type: none"> <li>▪ Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Completion of courses in Neuropsychology including Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology</li> <li>▪ Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ Two (2) years of supervised professional experience in Neuropsychological Assessment</li> </ul>
<p><b>NURSES &amp; PHYSICIAN ASSISTANTS - BUPRENORPHINE – MEDICATION ASSISTED TREATMENT:</b></p> <ul style="list-style-type: none"> <li>▪ Certification from DEA</li> </ul>



<p><b>NURSES REQUESTING PRESCRIPTIVE AUTHORITY MUST:</b></p> <ul style="list-style-type: none"> <li>▪ Possess a currently valid license as a Registered Nurse in the state(s) in which you practice</li> <li>▪ Be authorized for prescriptive authority in the state in which you practice</li> <li>▪ Meet state specific mandates for the state in which you practice regarding DEA license and physician supervision</li> <li>▪ Attest that you meet your state’s collaborative or supervisory agreement requirements</li> <li>▪ Specifically request prescriptive privileges on the Optum application above</li> </ul>
<p><b>OFFICE-BASED ADDITIONS TREATMENT (OBAT):</b></p> <ul style="list-style-type: none"> <li>▪ Provider must have hired a Navigator to assist with OBAT services</li> </ul>
<p><b>PARENT-CHILD INTERACTION THERAPY (PCIT):</b></p> <ul style="list-style-type: none"> <li>▪ Must be certified by PCIT International</li> </ul>
<p><b>PRESCHOOL PTSD TREATMENT (PPT):</b></p> <ul style="list-style-type: none"> <li>▪ Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment</li> </ul>
<p><b>PROLONGED EXPOSURE (PE):</b></p> <ul style="list-style-type: none"> <li>▪ Licensed mental health provider must complete training in PE by approved trainer</li> </ul> <p>Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant</p>
<p><b>QUALIFIED SUPERVISING PROFESSIONAL:</b></p> <p>Must meet the DHS MN State requirement for Medicaid providers</p>
<p><b>QUALIFIED SUPERVISOR:</b></p> <p>Must meet the DHS MN State requirement for Medicaid providers</p>
<p><b>SUBSTANCE ABUSE EXPERT (SAE) - NUCLEAR REGULATORY COMMISSION (NRC):</b></p> <ul style="list-style-type: none"> <li>▪ To qualify as an SAE for the NRC, you must possess one of the following credentials: <ul style="list-style-type: none"> <li>· Licensed or certified social worker</li> <li>· Licensed or certified psychologist</li> <li>· Licensed or certified employee assistance professional</li> <li>· 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).</li> </ul> </li> </ul> <p><b>AND</b></p> <p>Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc., Program Services, and SAPAA)</p>
<p><b>SUBSTANCE ABUSE PROFESSIONAL (SAP):</b></p> <p>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>
<p><b>TRANSCRANIAL MAGNETIC STIMULATION (TMS):</b></p> <p>Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications Must be within the scope of state license</p>
<p><b>TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT):</b></p> <p>Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program</p>
<p><b>TRAUMA INFORMED CARE TRAINED:</b></p> <p>Completed Trauma Informed Care continuing education credits (CEUs)</p>
<p><b>TRIPLE P (POSITIVE PARENTING PROGRAM):</b></p> <p>Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America</p>
<p><b>TRUST-BASED RELATIONAL INTERVENTION (TBRI):</b></p> <p>Must have completed training in Trust-Based Relational Intervention</p>
<p><b>VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – PSYCHOLOGISTS ONLY:</b></p> <ul style="list-style-type: none"> <li>▪ Graduate of an American Psychological Association accredited university (qualification counts even if accreditation occurred after date of graduation)</li> <li>▪ Wheelchair accessible office</li> <li>▪ PC user (Macintosh/Mac computers do not interface with the testing software used in the Disability Examination)</li> <li>▪ Agree to participate in initial and annual training programs as required by LHI</li> <li>▪ Agree to offer appointments within 10 to 14 days of the request for services</li> </ul> <p>Agree that beneficiary will not wait longer than 20 minutes in the office before being tested</p>
<p><b>YOUTH PTSD TREATMENT (YPT):</b></p> <p>Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment</p>