

Agency credentialing application

UnitedHealthcare Behavioral Health – Washington

The completed application should be returned by email to wabhcontracts@uhc.com.

Organizational provider identifying information

Legal name

Parent company (if applicable)

DBA (identifying) name

Administrative address

City, state, ZIP code

County

Administrative phone

Admitting phone

Secure fax
(for certifications)

Website

Public email
(optional – for display in provider directory)

Primary practice site address
(Cannot be a P.O. Box)

Tax identification number for primary practice

Taxonomy

National Provider Identifier (NPI) number for primary practice

Billing/remit

Address City, state, ZIP code

Organizational provider contact information

	Name	Phone	Email 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			<input type="checkbox"/>
Accreditation 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 state licensure/certification include a site visit by the state? If "Yes," attach a copy of the audit completed by the state with this application. Yes No

Practice types			
Behavioral health home	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Community mental health center (CMHC)	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Community residence	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Community-based service agency	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Community service board	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Continuing day treatment (CDT)	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Early intervention	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Specialist	<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	
Indian Health service provider	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
Intensive psychiatric rehabilitation treatment (IPRT) programs	<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"/> Peer agency	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
<input type="checkbox"/> Peer-run organization	<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 (RHC)	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
School-based health center	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
State-licensed outpatient clinic	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	



General/professional liability

Please attach current certificates for 2 types of liability insurance information. UnitedHealthcare insurance requirements are as follows:

For agency programs:

- | | |
|--|---|
| <input type="checkbox"/> Professional liability | \$1,000,000/\$3,000,000 minimum coverage |
| <input type="checkbox"/> Comprehensive general liability | \$1,000,000/\$3,000,000 minimum coverage |
| <input type="checkbox"/> 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

Name (please type or print)

Title (please type or print)

Date

Acceptance into the UnitedHealthcare behavioral health care 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. The need to keep this information current in our files means that we will 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 it is required for your continued participation in our network. The information requested is required in order to comply with our credentialing standards. Additionally, 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/AAAH/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 their 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
- Outpatient 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
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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 number Taxonomy

	Number	Issue date	Expiration date	Not applicable
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Medicare ID (6 digits)				<input type="checkbox"/>
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Medicaid ID				<input type="checkbox"/>
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Expertise(s)

- 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 disorders
- Behavioral modification
- Biofeedback
- Bipolar disorder
- Blindness or visual impairment
- Caregiver/family supports and services
- Case management
- Certified pastoral counseling
- Child welfare
- Christian counseling
- Clinically managed population-specific high-intensity residential services
- Clinical support services for substance use disorders
- Co-occurring disorders treatment
- Cognitive behavioral therapy
- Community integration counseling
- Community psych support and treatment
- Community self-advocacy training and support
- Community support program (CSP)
- 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
- 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)

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 a clubhouse or psychosocial club program to strengthen work prospects and skills toward achieving competitive employment
- Intensive supported employment – Intensive support when competitive employment is unlikely absent these services
- Ongoing 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
- Evaluation and assessment – mental health

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- 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 and 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 (EPSDT)
 - Outpatient medically supervised withdrawal
 - Pain management
 - Palliative care bereavement
 - Palliative care expressive therapy
 - Palliative care massage therapy
 - Palliative care pain and symptom management
 - Parent support and training
 - Parent-child evaluation
 - Personality disorders
 - Personalized recovery-oriented services
 - Phobias
 - Physical disabilities
 - Planned respite
 - Positive behavioral interventions and supports
 - Postpartum 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)
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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 **UHCprovider.com**)
- 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 (page 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

Age range(s) served

- Adult (18–64 years) Yes No
- Adolescent (13–17 years) Yes No
- Child (12 years or younger) Yes No
- Geriatric (65 years or older) Yes 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 documentation).

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

Specialty attestation – Agency

Primary practice – location #1

UnitedHealthcare requires 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 1 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.

Physician specialties

- | | |
|---|---|
| <input type="checkbox"/> Child/adolescent (specify all ages that you treat): <ul style="list-style-type: none"><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"/> Developmental relationship-based intervention (DRBI) (submit copy of certification) |
| <input type="checkbox"/> Buprenorphine – medication-assisted treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number) | <input type="checkbox"/> Early intensive developmental and behavioral intervention (EIDBI) |
| <input type="checkbox"/> Certified group psychotherapist (CGP) (submit certification from IBCGP) | <input type="checkbox"/> First responder |
| <input type="checkbox"/> Chemical dependency/substance abuse/substance use disorder (SUD) | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (submit documentation of completion of training and certification as Assessor) | <input type="checkbox"/> Medicaid office-based opioid treatment (OBOT) program |
| <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation of completion of training and certification as Assessor) | <input type="checkbox"/> Neuropsychological testing |
| <input type="checkbox"/> Cognitive processing therapy (CPT) | <input type="checkbox"/> Office-based addictions treatment (OBAT) |
| <input type="checkbox"/> Community support team (CST) | <input type="checkbox"/> Prolonged exposure (PE) |
| <input type="checkbox"/> Comprehensive multi-disciplinary evaluation (CMDE) | <input type="checkbox"/> Substance abuse expert (submit Nuclear Regulatory Commission qualification training certificate) |
| <input type="checkbox"/> Coordinated specialty care (CSC) | <input type="checkbox"/> Transcranial magnetic stimulation (TMS) |
| | <input type="checkbox"/> Trauma-focused cognitive behavioral therapy (TF-CBT) (submit copy of TF-CBT certification) |
| | <input type="checkbox"/> Trauma-informed care (TIC) (submit documentation of completion of TIC training) |
| | <input type="checkbox"/> Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4) |
| | <input type="checkbox"/> Trust-based relational intervention (TBRI) (submit documentation of completion of TBRI training) |

Non-physician specialties

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Child/adolescent (specify all ages that you treat): <ul style="list-style-type: none"> <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"/> Assertive community treatment (ACT) (requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit) <input type="checkbox"/> Certified group psychotherapist (CGP) (submit certification from IBCGP) <input type="checkbox"/> Chemical dependency/substance abuse/substance use disorder (SUD) <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (submit documentation of completion of training and certification as Assessor) <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation of completion of training and certification as Assessor) <input type="checkbox"/> Cognitive processing therapy (CPT) <input type="checkbox"/> Community support team (CST) <input type="checkbox"/> Comprehensive multi-disciplinary evaluation (CMDE) <input type="checkbox"/> Coordinated specialty care (CSC) <input type="checkbox"/> Critical incident stress debriefing (requires CISD certificate) <input type="checkbox"/> Developmental relationship-based intervention (DRBI) (submit copy of certification) <input type="checkbox"/> Early intensive developmental and behavioral intervention (EIDBI) <input type="checkbox"/> First responder <input type="checkbox"/> Functional family therapy (FFT) <input type="checkbox"/> Functional family therapy – child welfare (FFT-CW) | <ul style="list-style-type: none"> <input type="checkbox"/> Homebuilders® – Homebuilders Family Preservation Program <input type="checkbox"/> Multi-systemic therapy (MST) <input type="checkbox"/> Neuropsychological testing – psychologists only <input type="checkbox"/> Nurses and physician assistants – buprenorphine – medication-assisted treatment (MAT) (submit certification email from DEA) <input type="checkbox"/> Nurses – prescriptive privileges (requires ANCC certificate, prescriptive authority, DEA certificate and/ or state-controlled substance certificate, based on state requirements) <input type="checkbox"/> Office-based addictions treatment (OBAT) <input type="checkbox"/> Peer bridger/support services (requires state peer certification or evidence of current training completion) <input type="checkbox"/> Prolonged exposure (PE) <input type="checkbox"/> Substance abuse expert (submit Nuclear Regulatory Commission qualification training certificate) <input type="checkbox"/> Substance abuse professional (submit Department of Transportation certificate) <input type="checkbox"/> Transcranial magnetic stimulation (TMS) <input type="checkbox"/> Trauma-focused cognitive behavioral therapy (TF-CBT) (submit copy of TF-CBT certification) <input type="checkbox"/> Trauma-informed care (TIC) (submit documentation of completion of TIC training) <input type="checkbox"/> Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4) <input type="checkbox"/> Trust-based relational intervention (TBRI) (submit documentation of completion of TBRI training) <input type="checkbox"/> Veterans administration mental health disability examination – psychologists only |
|--|---|

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

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

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 (OBOT) PROGRAM

- State certificate, if applicable in your state

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 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)

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

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 obtained a certification from the TF-CBT National Therapist Certification Program

TRAUMA-INFORMED CARE (TIC)

- Must have completed training in TIC

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 TBRI

Psychologists, nurses and 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 EMPLOYEE ASSISTANCE PROFESSIONAL (CEAP)

- Certificate from the Employee Assistance Certification Commission

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 1 or more of the following:

- Ten hours of CEU in substance abuse in the last 24-month period
- Evidence of at least 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 (CISD)

- 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)

- Required certification in DRBI

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

- Must meet Department of Human Services (DHS) 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

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 years of supervised professional experience in neuropsychological assessment

NURSES AND 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 attestation (page 8)

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 1 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 scope of state license

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)

- Must have obtain a certification from the TF-CBT National Therapist Certification Program

TRAUMA-INFORMED CARE (TIC)

- Must have completed training in TIC

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 TBRI

VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – psychologists 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 UnitedHealthcare 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) ACT Evidence-Based Practice Toolkit

BUPRENORPHINE – MEDICATION-ASSISTED TREATMENT (MAT)

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

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

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

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

Staff roster data
Primary practice — location #1

Please provide all of the following information for licensed staff who will be submitting claims. We do not require a copy of their license or certification. Non-licensed staff are not loaded individually by UnitedHealthcare 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

Location # _____

(additional pages located at the end of the application for additional practice locations)

Primary practice information (practice location _____)

Practice address #1

City _____ State _____ ZIP _____

Phone _____ Secure fax _____

Tax ID _____

NPI number _____ Taxonomy _____

	Number	Issue date	Expiration date	Not applicable
Medicare ID (6 digits)				<input type="checkbox"/>
Medicaid ID				<input type="checkbox"/>

Expertise(s)

- 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 disorders
- Behavioral modification
- Biofeedback
- Bipolar disorder
- Blindness or visual impairment
- Caregiver/family supports and services
- Case management
- Certified pastoral counseling
- Child welfare
- Christian counseling
- Clinically managed population-specific high-intensity residential services
- Clinical support services for substance use disorders
- Co-occurring disorders treatment
- Cognitive behavioral therapy
- Community integration counseling
- Community psych support and treatment
- Community self-advocacy training and support
- Community support program (CSP)
- 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
- 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)

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 a clubhouse or psychosocial club program to strengthen work prospects and skills toward achieving competitive employment
- Intensive supported employment – Intensive support when competitive employment is unlikely absent these services
- Ongoing 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
 - Evaluation and assessment – mental health
 - Eye movement desensitization and 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 and 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 (EPSDT)
 - Outpatient medically supervised withdrawal
 - Pain management
 - Palliative care bereavement
 - Palliative care expressive therapy
 - Palliative care massage therapy
 - Palliative care pain and symptom management
 - Parent support and training
 - Parent-child evaluation
 - Personality disorders
 - Personalized recovery-oriented services
 - Phobias
 - Physical disabilities
 - Planned respite
 - Positive behavioral interventions and supports
 - Postpartum 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 UHCprovider.com)

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:

Telepsychiatry services only, indicate if site is:

Age range(s) served

- Adult (18–64 years) Yes No
- Adolescent (13–17 years) Yes No
- Child (12 years or younger) Yes No
- Geriatric (65 years or older) Yes No

- 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

Male Female

Distant site and/or Originating site

% 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 documentation).

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

Specialty attestation – Agency – location # _____

UnitedHealthcare requires 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 1 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.

Physician specialties

- | | |
|--|---|
| <input type="checkbox"/> Child/adolescent (specify all ages that you treat): | <input type="checkbox"/> Coordinated specialty care (CSC) |
| <input type="checkbox"/> Infant mental health (0–3 years) | <input type="checkbox"/> Developmental relationship-based intervention (DRBI) (submit copy of certification) |
| <input type="checkbox"/> Preschool (0–5 years) | <input type="checkbox"/> Early intensive developmental and behavioral intervention (EIDBI) |
| <input type="checkbox"/> Children (6–12 years) | <input type="checkbox"/> First responder |
| <input type="checkbox"/> Adolescents (13–18 years) | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Buprenorphine – medication-assisted treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number) | <input type="checkbox"/> Medicaid office-based opioid treatment (OBOT) program |
| <input type="checkbox"/> Certified group psychotherapist (CGP) (submit certification from IBCGP) | <input type="checkbox"/> Neuropsychological testing |
| <input type="checkbox"/> Chemical dependency/substance abuse/substance use disorder (SUD) | <input type="checkbox"/> Office-based addictions treatment (OBAT) |
| <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (submit documentation of completion of training and certification as Assessor) | <input type="checkbox"/> Prolonged exposure (PE) |
| <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation of completion of training and certification as Assessor) | <input type="checkbox"/> Substance abuse expert (submit Nuclear Regulatory Commission qualification training certificate) |
| <input type="checkbox"/> Cognitive processing therapy (CPT) | <input type="checkbox"/> Transcranial magnetic stimulation (TMS) |
| <input type="checkbox"/> Community support team (CST) | <input type="checkbox"/> Trauma-focused cognitive behavioral therapy (TF-CBT) (submit copy of TF-CBT certification) |
| <input type="checkbox"/> Comprehensive multi-disciplinary evaluation (CMDE) | <input type="checkbox"/> Trauma-informed care (TIC) (submit documentation of completion of TIC training) |
| | <input type="checkbox"/> Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4) |
| | <input type="checkbox"/> Trust-based relational intervention (TBRI) (submit documentation of completion of TBRI training) |

Non-physician specialties

- Child/adolescent (specify all ages that you treat):
 - Infant mental health (0–3 years)
 - Preschool (0–5 years)
 - Children (6–12 years)
 - Adolescents (13–18 years)
- Assertive community treatment (ACT) (requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit)
- 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 of completion of training and certification as Assessor)
- Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation of completion of training and certification as Assessor)
- Cognitive processing therapy (CPT)
- Community support team (CST)
- Comprehensive multi-disciplinary evaluation (CMDE)
- Coordinated specialty care (CSC)
- Critical incident stress
- Debriefing (requires CISD certificate)
- Developmental relationship-based intervention (DRBI) (submit copy of certification)
- Early intensive developmental and behavioral intervention (EIDBI)
- First responder
- Functional family therapy (FFT)
- Functional family therapy – child welfare (FFT-CW)
- Homebuilders® – Homebuilders Family Preservation Program
- Multi-systemic therapy (MST)
- Neuropsychological testing – psychologists only
- Nurses and physician assistants – buprenorphine – medication-assisted treatment (MAT) (submit certification email from DEA)
- Nurses – prescriptive privileges (requires ANCC certificate, prescriptive authority, DEA certificate and/or state-controlled substance certificate, based on state requirements)
- Office-based addictions treatment (OBAT)
- Peer bridge/support services (requires state peer certification or evidence of current training completion)
- Prolonged exposure (PE)
- 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 – psychologist only

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

Signature of authorized agency representative
(Signature stamps not accepted)

Date

