

# Network participation request form

## Instructions/checklist

### Before you begin

1. Are you already part of the United Healthcare Community Plan (UHCCP) of Tennessee network?  
If you are unsure, check the care provider directory found at [UHCprovider.com/TNcommunityplan](https://uhcprovider.com/TNcommunityplan) or call **800-690-1606**.
2. Are you part of a group practice that is contracted with us?  
If so, please consult with your group administrator regarding the process for joining the UHCCP network prior to submitting any documents.

If you are not currently part of the UHCCP network and would like to be considered for participation, please fully complete and submit the following documents. Incomplete documents may delay our response to your request.

### Network participation request form – Return pages 2, 3, 4, 5, 6, 7 and 12

<b>Page 2</b>	Fully complete sections A and B
<b>Page 3-4</b>	Check at least 1 area of expertise/population treated. Do not leave blank.
<b>Page 5</b>	<ul style="list-style-type: none"><li>• Provide requested supporting documents, if applicable</li><li>• If no attested specialties are applicable, check the “No Specialties” box</li><li>• Check acknowledgment box and sign attestation page</li></ul>
<b>Page 8</b>	<ul style="list-style-type: none"><li>• Substitute Form W-9 (or IRS Form W-9) must be signed and dated by the clinician or the controller of the tax ID number (TIN). Each TIN requires a separate Substitute Form W-9 or IRS Form W-9.</li></ul>

### Individual contract documents (not required for clinicians who are part of a contracted group practice):

- Retain a full copy of the agreement and any attachments, amendments, disclosure forms and/or state required forms for your records. (Note: The Network Manual is, by extension, part of the agreement. You can review the manual at [uhcprovider.com](https://uhcprovider.com) > Menu > Administrative Guides and Manuals > Community Plan Care Provider Manuals for Medicaid Plans by State > Select: Tennessee.
- Complete and sign the agreement signature page
- Complete and sign any attachment/amendment and/or disclosure forms, if signature is required.

### How to submit your documents

Return completed documents to the fax number or email address provided by your provider relations representative.

# UnitedHealthcare Community Plan network participation request process

## Frequently asked questions

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### **How long is the credentialing process?**

Credentialing is completed in accordance with applicable laws and averages 30 days. If you have not heard back from us after 30 days, you may inquire about the status of your credentialing by contacting Network Management.

### **What UHCCP documents should be completed or provided and faxed to Network Management to request network consideration?**

- Network Participation Request Form, Clinical Expertise checklist, Specialty Attestation and Substitute Form W-9 (complete and return pages 2, 3, 4, 5, 6, 7 and 12)
- State-specific amendments or attachments (if applicable)

### **May I begin to see UHCCP members while I am going through the credentialing process? If yes, what is the member's financial responsibility?**

You are not considered an **in-network** clinician until your credentialing is complete. In some cases, members may choose to access out-of-network benefits; members will generally incur greater out-of-pocket expenses by making this choice.

### **Why does UHCCP use CAQH for credentialing and re-credentialing?**

The CAQH web-based credentialing tool streamlines the credentialing process by enabling you to complete your credentialing application online and is available to you at no cost 24 hours a day, 365 days a year. You may save your application and return to it at any time.

### **Do I need to have a CAQH number before I can apply to the UHCCP network?**

No. If you do not already have a CAQH number, UHCCP will provide you with one once the determination is made to move forward with the recruitment process.

### **Does CAQH notify UHCCP when my application is completed or when I make demographic or other updates?**

No. It is your responsibility to notify UHCCP when your application is completed or when you make any updates to demographic or other information included on CAQH.

### **I have completed my application on CAQH; does that mean I am on the UHCCP panel?**

No. CAQH stores the online application, but UHCCP must still verify your credentials and evaluate your application through our Credentialing Committee prior to approval of your participation on the panel.

**If I am added to the panel, how will UHCCP notify me of my contract start date?**

Once approved, you will receive an acceptance letter stating your effective date with UHCCP.

**Does my credentialing/re-credentialing correspondence address have to be the same as my practice location?**

No. The credentialing/re-credentialing correspondence address does not have to be the same as your practice location. It cannot, however, be a P.O. Box; it must be a physical address. There is 1 re-credentialing address per clinician, not per location.

**Am I required to have a secure fax number or secure email?**

While it is recommended that you have both a secure fax number and a secure email, you are required to have only one of these forms of secure electronic communication for transmittal of confidential information. The definition of a secure fax is having a business dedicated fax number in a secure location (not accessible or visible to your clients, visitors or family while you are in session or away from the office). The definition of secure email is that the email account be a business dedicated, password-protected account accessible only to you and appropriate office staff.

**Am I required to have online capabilities?**

No. UHCCP allows claims to be submitted electronically either through our UHCCP portal (available at no cost to you) or through an Electronic Data Interchange (EDI) vendor. Additionally, other critical information regarding your contract will be posted online.

**Are there other requirements?**

In applying to the UHCCP panel you are agreeing to participate in all Care Management and Quality Improvement Programs sponsored by UHCCP including, but not limited to the submission of patient Wellness Assessment forms as part of our outcomes evaluation program, ALERT®.

# Network participation request form

**Important note:** Please complete fully. Incomplete forms will delay the response to this inquiry. For clinicians in any willing care provider states, please note that network inclusion is based solely on meeting our minimum credentialing standards as outlined in the credentialing plan. Information submitted on this form must match your CAQH application.

## Section a – clinician information

Clinician's name: \_\_\_\_\_ Gender:  Female  Male

## Credentialing/recredentialing contact information

**(Disclaimer:** We can only hold 1 credentialing contact name/address per clinician, and a correspondence address cannot be a P.O. Box)

Credentialing contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fax number: \_\_\_\_\_ Credentialing email: \_\_\_\_\_

CAQH participant?  Yes  No  If yes, list CAQH number \*

If you do not have a CAQH number, UHCCP will provide the number, once the determination is made to recruit.

<b>1</b>	Professional license type:	License #:	Original independent license issue date:
<b>2</b>	Professional license type:	License #:	Original independent license issue date:

**Important note:** Please list any independent license previously held in another state (if applicable).

Social security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Clinician's email: \_\_\_\_\_ Individual NPI: \_\_\_\_\_

Individual taxonomy code: \_\_\_\_\_ Group NPI (Type II): \_\_\_\_\_

Group taxonomy code: \_\_\_\_\_ Individual Medicaid: \_\_\_\_\_



## Section A – clinician information (cont.)

Individual Medicare number:

Board certified:	Yes If yes, list board/cert date
	No If no, psychiatric fellowship/residency training completion date
Hospital:	Attending: Yes No

## Section B – Practice information: Addresses and TIN(s) below must match CAQH application

### Primary practice

Practice name:	TIN number:
Website:	Public email: (optional – for display in provider directory)

### Physical practice

Address:

City:	State:	ZIP:
County:	Phone number:	

Secure fax number (required):

### Additional practice

Practice name:	TIN number:	
Address:		
City:	State:	ZIP:
County:	Phone number:	

Secure fax number (required):

\*\* If you have more than 1 additional TIN/group affiliation, please complete information contained in Section B on an additional piece of paper, and include corresponding Substitute Form W-9 or IRS W-9 for the additional TIN(s).

Mailing address:

City:	State:	ZIP:
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**Additional practice (cont.)**

**List all languages** (including sign language) in which you are able to conduct treatment:

**Optional – Clinician’s own ethnicity (data utilized to meet member referral requests):**

African American	Alaska Native	Native-American Indian	Asian
Caucasian	Hispanic	Native Hawaiian or Pacific Islander	Other

# UHCCP Clinical expertise checklist

Clinician name:

CAQH number:

## Clinicians in the credentialing or re-credentialing process have the following rights to:

- Review information submitted to support their (re)credentialing application
- Correct erroneous information obtained by UHCCP to evaluate their (re)credentialing application (not including references, recommendations and other peer-review protected information)
- Submit any corrections, in writing, within 10 days
- Obtain, upon request, information regarding the status of their application

## Areas of clinical expertise

Checking any of the clinical expertises listed below is a confirmation that you are practicing within the scope of your license and have the clinical training and education to provide these services. Please check all areas in which you have clinical training and experience and which you are willing to treat in your practice.

## Areas of clinical expertise

Abuse (physical, sexual, etc.)

Acute treatment services (ATS) for substance use disorders (ASAM Level 3.7)

Adoption issues Anger management Anxiety

Assertive Community Treatment (ACT)

Assessment and Referral – Substance abuse attention deficit disorder (ADHD)

Autism spectrum disorders

Bariatric/Gastric bypass evaluation

Behavior modification

Biofeedback

Bipolar disorder

Blindness or visual impairment case management

Certified pastoral counselor

Child welfare

Christian counseling

Clinical support services for substance use disorders (ASAM Level 3.5)

Clinically managed population-specific high-intensity residential services (ASAM Level 3.3)

Co-occurring disorders treatment (dual diagnosis) cognitive behavioral therapy

Community crisis stabilization

Community integration counseling

Community habitation

Community self-advocacy training and support

Community support program (CSP)

Community support program for people experiencing chronic homelessness

Compulsive gambling

Crisis respite

## Areas of clinical expertise (cont.)

Day habilitation  
Day treatment depression  
Developmental disabilities  
Dialectical behavioral therapy  
Disability evaluation/management  
Dissociative disorders  
Domestic violence electroconvulsive Therapy (ECT) emergency services Program (ESP)  
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 and reprocessing (EMDR)  
Family stabilization team (FST)  
Feeding and eating disorders fetal alcohol syndrome  
Fire-setter evaluation Forensic  
Foster care Grief/Bereavement  
Harm reduction  
Health and behavior assessment and intervention services  
Hearing-impaired populations  
HIV/AIDS/ARC  
Home care/Home visits Hypnosis  
I-home behavioral services (IHBS)  
In-home therapy (IHT)  
Independent/Qualified medical examiner Infertility

Intellectual and developmental disability  
Intensive care coordination (ICC)  
Intensive individual support  
Learning disabilities  
LGBTQ-identified clinician  
LGBTQ supportive  
Long-term care  
Long-acting injectable (LAI) administrator  
Medical illness/  
Disease management  
Medicaid opioid treatment program (OTP)  
– Physicians only  
Medication management

### **Military/Veterans treatment**

Mobile crisis intervention (MCI)  
Mobile mental health treatment  
Mood disorder  
Multi-systemic therapy (MST)

### **Muslim-identified clinician**

Naltrexone injectable MAT  
Native American traditional healing systems

### **Nursing home visits**

Obsessive compulsive disorder  
Organic disorders  
Pain management  
Parent support and training

### **Parent-child evaluation**

Personality disorders

### **Phobia**

Physical disabilities

## Areas of clinical expertise (cont.)

Positive behavioral interventions and supports  
Post-partum depression  
Post-traumatic stress disorder (PTSD)  
Program of assertive community treatment

### Psych testing

Psychiatric day treatment  
Psychotic/Schizophrenic disorders  
Qualified Integrated Behavioral Health Provider (QIBPROV)

### Population(s) treated (check all that apply):

**Adult**  
**Child**  
**Adolescent**  
**Geriatric**

Race-based trauma Recovery coaching  
Recovery support navigators (RSN)  
Regional Behavioral Health Authority (RHBA)  
Relaxation techniques  
Residential Rehabilitation Services (ASAM Level 3.1)  
School-based services  
Serious mental illness  
Sex offender treatment Sexual abuse evaluation  
Sexual dysfunction  
Sexual trauma

Sleep-wake disorders  
Somatoform disorders  
SPRAVATO® (prescribers only)  
Structured Outpatient Addiction Program (SOAP)  
Targeted case management  
TBI Waiver – Case management  
TBI Waiver – Community integration counseling  
TBI Waiver – Positive behavior  
Telemental Health (requires Attestation found at Provider Express > Telemental Health resource page)  
Therapeutic monitoring (TM)  
Transitional support services (TSS) for substance use disorders (ASAM Level 3.1)  
Trauma therapy Traumatic brain injury  
Weapons clearance  
Workers' compensation  
Youth Mobile Crisis Intervention (YMCI)  
Youth Stabilization Services (YSS)  
Youth support  
Couples/Marriage therapy  
Family therapy  
Group therapy Inpatient  
Caregiver

# UHCCP 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 UHCCP 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 UHCCP 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)**

**Geriatrics**

Buprenorphine – Medication Assisted Treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number)

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) Child-Parent Psychotherapy (CPP)

Cognitive processing therapy (CPT)

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)

First responder

Medicaid Office-Based Opioid Treatment Program (OBOT)

Neuropsychological testing

Office-Based Addictions Treatment (OBAT)

Parent-Child Interaction Therapy (PCIT)

Preschool PTSD treatment (PPT)

Prolonged exposure (PE)

Substance abuse expert (submit Nuclear Regulatory Commission qualification training certificate)

Transcranial Magnetic Stimulation (TMS)

## Physician specialties (cont.)

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

Child/adolescent (please specify all ages that you treat) – Psychologists only

**Infant mental health (0–3 years)**

**Preschool (0–5 years)**

**Children (6–12 years)**

**Adolescents (13–18 years)**

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 team treatment (CST)

Comprehensive Multi-Disciplinary Evaluation (CMDE) Coordinated specialty care (CSC)

Critical Incident Stress Debriefing (submit CISD certificate)

First responder

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)

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)

No specialties (must be checked if no other specialties are being designated)

I understand that UHCCP 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 UHCCP 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 UHCCP 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 and Medicaid Regulatory Attachment.

Printed name of applicant:

Signature of applicant: (Signature stamps are not accepted.)



**Important note:**

Signature on the UHCCP Specialty Attestation page is required of all applicants.

<b>Physician specialty requirements</b>	
<b>Child/adolescent:</b>	Completion of an ACGME approved Child and Adolescent Fellowship OR recognized certification in adolescent psychiatry (This specialty includes infants, preschool, children and adolescents)
<b>Geriatrics:</b>	Completion of an ACGME approved Geriatric Fellowship OR recognized certification in Geriatric Psychiatry
<b>Buprenorphine – Medication Assisted Treatment:</b>	DEA registration certificate with the DATA 2000 prescribing identification number
<b>Chemical Dependency / Substance Abuse / Substance Use Disorder:</b>	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 (ABAM)
<b>Child And Adolescent Needs And Strengths (Cans) 2.0 Assessor:</b>	Must have completed training on CANS and be certified as an Assessor
<b>Child And Adolescent Needs And Strengths (Cans) 2.0 (Child Welfare) Assessor:</b>	Must have completed training on CANS and be certified as an Assessor
<b>Child-Parent Psychotherapy (Cpt):</b>	Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco
<b>Cognitive Processing Therapy (Cpt):</b>	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
<b>Community Support Team Treatment (Cst):</b>	Must meet state requirements
<b>Comprehensive Multi-Disciplinary Evaluation (Cmde):</b>	Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements
<b>Coordinated Specialty Care (Csc)</b>	Must meet state requirements
<b>Developmental relationship-based intervention (drbi):</b>	Requires certification in DRBI

## Physician specialty requirements (cont.)

<b>Developmental relationship-based intervention (drbi):</b>	Requires certification in DRBI
<b>Early Intensive Developmental And Behavioral Intervention (Eidbi):</b>	Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements
<b>First Responder</b>	<p><b>Must have 2 or more of the following qualifying attributes:</b></p> <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>
<b>Medicaid Office-Based Opioid Treatment Program (Obot):</b>	State certificate, if applicable in your state
<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 AND all of the following criteria:</li> <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> <li>• Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring and interpretation</li> </ul>
<b>Office-Based Additions Treatment (Obat)</b>	Provider must have hired a navigator to assist with OBAT services
<b>Parent-Child Interaction Therapy (Pcit):</b>	Must be certified by PCIT International

### Physician specialty requirements (cont.)

<b>Parent-Child Interaction Therapy (Pcit):</b>	Must be certified by PCIT International
<b>Preschool Ptsd Treatment (Ppt):</b>	Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment
<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>Substance Abuse Expert (Sae) – Nuclear Regulatory Commission (Nrc):</b>	Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc., Program Services, and SAPAA)
<b>Transcranial Magnetic Stimulation (Tms):</b>	Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications
<b>Trauma-Focused Cognitive Behavioral Therapy (Tf-Cbt)</b>	Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program
<b>Trauma Informed Care (Tic)</b>	Must have completed training in Trauma Informed Care
<b>Triple P (Positive Parenting Program)</b>	Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America
<b>Trust-Based Relational Intervention (Tbri)</b>	Must have completed training in Trust-Based Relational Intervention
<b>Youth Ptsd Treatment (Ypt):</b>	Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD treatment

### Psychologists, Nurses And Master’s Level Clinicians Specialty Requirements

<b>Child/Adolescent – Psychologists Only:</b>	Completion of an APA approved or other accepted training/certification program in clinical child psychology (This specialty includes infants, preschool, children and adolescents)
<b>Certified Group Psychotherapist:</b>	Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)

## Psychologists, Nurses And Master’s Level Clinicians Specialty Requirements (cont.)

<b>Chemical Dependency / Substance Abuse / Substance Use Disorder:</b>	<ul style="list-style-type: none"> <li>• Completion an APA or other accepted training in Addictionology OR</li> <li>• Certification in addiction counseling AND one (1) or more of the following:</li> <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>
<b>Child And Adolescent Needs And Strengths (Cans) 2.0 Assessor</b>	Must have completed training on CANS and be certified as an Assessor
<b>Child And Adolescent Needs And Strengths (Cans) 2.0 (Child Welfare) Assessor</b>	Must have completed training on CANS and be certified as an Assessor
<b>Child-Parent Psychotherapy (Cpp):</b>	Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco
<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>	Must meet state requirements
<b>Comprehensive Multi-Disciplinary Evaluation (Cmde):</b>	Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements
<b>Coordinated Specialty Care (Csc)</b>	Must meet state requirements
<b>Critical Incident Stress Debriefing:</b>	<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>
<b>Developmental Relationship-Based Intervention (Drbi)</b>	Requires certification in DRBI
<b>Early Intensive Developmental And Behavioral Intervention (Eidbi):</b>	Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

## Psychologists, Nurses And Master’s Level Clinicians Specialty Requirements (cont.)

<p><b>First Responder</b></p>	<ul style="list-style-type: none"> <li>• Must have 2 or more of the following qualifying attributes:</li> <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>
<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 OR</li> <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 AND</li> <li>• Two (2) years of supervised professional experience in Neuropsychological Assessment</li> </ul>
<p><b>Nurses And Physician Assistants – Buprenorphine – Medication Assisted Treatment:</b></p>	<p>Certification from DEA</p>
<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 UHCCP application above</li> </ul>
<p><b>Office-Based Additions Treatment (Obat)</b></p>	<p>Provider must have hired a navigator to assist with OBAT services</p>
<p><b>Parent-Child Interaction Therapy (Pcit):</b></p>	<p>Must be certified by PCIT International</p>
<p><b>Preschool PTSD Treatment (Ppt):</b></p>	<p>Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment</p>

## Psychologists, Nurses And Master’s Level Clinicians Specialty Requirements (cont.)

<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>Substance Abuse Expert (Sae) – Nuclear Regulatory Commission (Nrc):</b>	<p>To qualify as an SAE for the NRC, you must possess one of the following credentials:</p> <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> <p>AND</p> <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>Substance Abuse Professional (Sap):</b>	<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>
<b>Transcranial Magnetic Stimulation (Tms):</b>	<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>
<b>Trauma-Focused Cognitive Behavioral Therapy (Tf-Cbt)</b>	<p>Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program</p>
<b>Trauma-Focused Cognitive Behavioral Therapy (Tf-Cbt)</b>	<p>Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program</p>
<b>Trauma Informed Care (Tic)</b>	<p>Must have completed training in Trauma Informed Care</p>
<b>TRIPLE P (Positive Parenting Program)</b>	<p>Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America</p>

**Psychologists, Nurses And Master’s Level Clinicians Specialty Requirements (cont.)**

<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 10-14 days of the request for services</li> <li>• Agree that beneficiary will not wait longer than 20 minutes in the office before being tested</li> </ul>
<p><b>Youth Ptsd Treatment (Ypt):</b></p>	<p>Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment</p>

## Important tax document substitute form W-9

# Request for taxpayer ID number

As part of the contracting process, we are requesting that you complete this substitute form W-9. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

This information must be consistent with the data provided on Page 2 of the application (clinic information).

Taxpayer name: (To whom the check is payable)	(A legal entity name if a corporation or partnership)
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Doing Business As (DBA): (A division name if a corporation or the name of the business if a sole proprietor)

DBA:

Taxpayer address:

City:	State:	ZIP:
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### Taxpayer ID number

Corporation: (List employer ID number)

Partnership: (List employer ID number)

Sole proprietorship: (List Social Security number or employer ID number)

Tax-exempt entity: (List employer ID number)

Other – Please explain:

Effective date of taxpayer name and TIN:

Form completed by: (Print name)

Signature:

Today's date:

Daytime phone number:

**Please note:** Information reported on lines 1-3 must consistent with data on file with the IRS and Social Security Administration.