

Clinical Expertise Checklist

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

- Complete and sign this form
- Fax completed form and any requested supportive documents to Network Management for your state
 - To find the fax number, go to providerexpress.com > Contact Us > Network Management > Network Management Contact Information and select your state
- If you have any questions, contact us at 1-877-614-0484

Clinician Name: _____ CAQH # _____
 Phone: _____ Fax: _____ State: _____ License: _____

Clinicians in the credentialing or recredentialing process have the following rights:

- to review information submitted to support his/her (re)credentialing application
- to correct erroneous information obtained by Optum to evaluate his/her (re)credentialing application (not including references, recommendations and other peer-review protected information)
- to submit any corrections, in writing, within ten (10) days
- to obtain, upon request, information regarding the status of their application

Areas of Clinical Expertise

Please check all areas you have clinical training and experience **AND are currently willing to treat in your practice.**

- | | |
|--|--|
| <input type="checkbox"/> Abuse (Physical, Sexual, etc.) | <input type="checkbox"/> Community Integration Counseling |
| <input type="checkbox"/> Acute Treatment Services (ATS) for Substance Use Disorders (ASAM Level 3.7) | <input type="checkbox"/> Community Habilitation |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Community Self-Advocacy Training & Support |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Community Support Program (CSP) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Community Support Program for People Experiencing Chronic Homelessness |
| <input type="checkbox"/> Assertive Community Treatment (ACT) | <input type="checkbox"/> Compulsive Gambling |
| <input type="checkbox"/> Assessment and Referral – Substance Abuse | <input type="checkbox"/> Crisis Respite |
| <input type="checkbox"/> Attention Deficit Disorders (ADHD) | <input type="checkbox"/> Day Habilitation |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Day Treatment |
| <input type="checkbox"/> Bariatric/Gastric Bypass Evaluation | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Dialectical Behavioral Therapy |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Disability Evaluation/Management (submit the Memorandum of Understanding, located on providerexpress.com) |
| <input type="checkbox"/> Bisexual Issues | <input type="checkbox"/> Dissociative Disorders |
| <input type="checkbox"/> Blindness or Visual Impairment | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Electroconvulsive Therapy (ECT) |
| <input type="checkbox"/> Certified Pastoral Counselor | <input type="checkbox"/> Emergency Services Program (ESP) |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Enhanced Outpatient Program (EOP) |
| <input type="checkbox"/> Christian Counseling | <input type="checkbox"/> Enhanced Residential Rehabilitation Services for Dually Diagnosed (ASAM Level 3.1 co-occurring enhanced) |
| <input type="checkbox"/> Clinical Support Services for Substance Use Disorders (ASAM Level 3.5) | <input type="checkbox"/> Evaluation and Assessment – Mental Health |
| <input type="checkbox"/> Clinically Managed Population-Specific High Intensity Residential Services (ASAM Level 3.3) | <input type="checkbox"/> Eye Movement Desensitization & Reprocessing (EMDR) |
| <input type="checkbox"/> Co-Occurring Disorders Treatment (Dual Diagnosis) | <input type="checkbox"/> Family Stabilization Team (FST) |
| <input type="checkbox"/> Cognitive Behavioral Therapy | |
| <input type="checkbox"/> Community Crisis Stabilization | |

Areas of Expertise (cont.)

- Feeding and Eating Disorders
- Fetal Alcohol Syndrome
- Fire Setter Evaluation
- Forensic
- Foster Care
- Gay/Lesbian Identified Clinician
- Gay/Lesbian Issues
- Grief/Bereavement
- Health and Behavior Assessment and Intervention Services
- Hearing Impaired Populations
- HIV/AIDS/ARC
- Home Care/Home Visits
- Hypnosis
- In 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
- 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)
- 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
- Planned Respite
- Police/Fire Fighters
- Positive Behavioral Interventions & Supports
- Post-Partum Depression
- Post-Traumatic Stress Disorder (PTSD)
- Program of Assertive Community Treatment
- Psych Testing
- Psychiatric Day Treatment
- Psychotic/Schizophrenic Disorders
- Race-Based Trauma
- Rape Issues
- 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
- 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
- Therapeutic Monitoring (TM)
- Transgender
- Transitional Support Services (TSS) for Substance Use Disorders (ASAM Level 3.1)
- Trauma Therapy
- Traumatic Brain Injury
- Weapons Clearance
- Workers' Compensation
- Youth Mobile Crisis (Mobile Crisis Intervention (YMCI))
- Youth Stabilization Services (YSS)
- Youth Support

Population(s) Treated (check all that apply):

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Child | <input type="checkbox"/> Couples/Marriage Therapy | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Caregiver |

Optum Attested Expertise

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 5-7.**

If you are not requesting a specialty designation, please check the "No Specialties" box at the bottom of the list to indicate you have read this form and acknowledge that you have not requested these specialties.

I have reviewed the Optum Specialty Requirements criteria that a Clinician must meet to be considered a specialist in the following treatment areas. After reviewing the criteria, I hereby attest that by placing a check next to a specialty or specialties, I meet Optum requirements for that treatment area.

Physician Specialties	Non-Physician Specialties
<input type="checkbox"/> Child/Adolescent (please 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"/> Geriatrics <input type="checkbox"/> Buprenorphine – Medication Assisted Treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number) <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 verifying completion of training and certification as Assessor) <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation verifying completion of training and certification as Assessor) <input type="checkbox"/> Child-Parent Psychotherapy (CPP) <input type="checkbox"/> Cognitive Processing Therapy (CPT) <input type="checkbox"/> Community Support Team Treatment (CST) <input type="checkbox"/> Coordinated Specialty Care for First Episode Psychosis (CSC) <input type="checkbox"/> Developmental Relationship-Based Intervention (DRBI) (submit copy of certification) <input type="checkbox"/> Early Intervention Provider (Virginia Medicaid Only – submit applicable certification) <input type="checkbox"/> Medicaid Office-Based Opioid Treatment Program (OBOT) <input type="checkbox"/> Neuropsychological Testing <input type="checkbox"/> Office-Based Addictions Treatment (OBAT) <input type="checkbox"/> Parent-Child Interaction Therapy (PCIT) <input type="checkbox"/> Preschool PTSD Treatment (PPT) <input type="checkbox"/> Prolonged Exposure (PE) <input type="checkbox"/> Substance Abuse Expert (submit Nuclear Regulatory Commission qualification training 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"/> Child/Adolescent (please specify all ages that you treat) – <i>Psychologists only</i> <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"/> 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 verifying completion of training and certification as Assessor) <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation verifying completion of training and certification as Assessor) <input type="checkbox"/> Child-Parent Psychotherapy (CPP) <input type="checkbox"/> Cognitive Processing Therapy (CPT) <input type="checkbox"/> Community Support Team Treatment (CST) <input type="checkbox"/> Coordinated Specialty Care for First Episode Psychosis (CSC) <input type="checkbox"/> Critical Incident Stress Debriefing (submit CISD certificate) <input type="checkbox"/> Early Intervention Provider (Virginia Medicaid Only – submit applicable certification) <input type="checkbox"/> Employee Assistance Professional <input type="checkbox"/> Neuropsychological Testing – <i>Psychologists only</i> <input type="checkbox"/> Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (submit certification email from DEA) <input type="checkbox"/> Nurses–Prescriptive Privileges (submit ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based upon state requirement) <input type="checkbox"/> Office-Based Addictions Treatment (OBAT) <input type="checkbox"/> Parent-Child Interaction Therapy (PCIT) <input type="checkbox"/> Preschool PTSD Treatment (PPT) <input type="checkbox"/> Prolonged Exposure (PE) <input type="checkbox"/> Substance Abuse Expert (submit Nuclear Regulatory Commission qualification training certificate)

Physician Specialties (cont.)	Non-Physician Specialties (cont.)
<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"/> Youth PTSD Treatment (YPT)	<input type="checkbox"/> Substance Abuse Professional (submit Department of Transportation certificate) <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 – <i>Psychologists only</i> <input type="checkbox"/> Youth PTSD Treatment (YPT)

Employee Assistance Program (non-prescribers)

An Employee Assistance Program (EAP) is a health and wellness service provided by an employer. A member receiving this service has no financial responsibility—**no deductible, co-payment or coinsurance** amount. EAP is designed to provide assessment and referral, as well as a brief counseling intervention for Members and/or their families. All Optum-contracted therapists are allowed to provide and bill for EAP services. All Optum in-network therapists are expected to support and accept Members who request an EAP benefit (in compliance with your Agreement). (There are limitations around the use of EAP benefits with prescribers.) Please select your area of expertise for EAP from the list below:

Provides Employee Assistance Program services – By checking this box, you acknowledge that, as a contracted Optum therapist, you are expected to support and accept Members who request an EAP appointment, in accordance with your Agreement. (Not applicable to prescribers.)

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

Certified Employee Assistance Professional (submit Certificate from the Employee Assistance Certification Commission)

Employee Assistance Professional requires:

- Minimum of two (2) years’ experience in the delivery of EAP core technology as defined by EAPA, **and**
- Minimum of one (1) annual training (CEU credits or professional development hours) in any of the eight (8) EAP content areas

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

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

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

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

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

Printed Name of Applicant: _____

Signature of Applicant _____

Signature stamps are not accepted.

Important Note: Signature on the above Attestation is required of all applicants

PHYSICIAN SPECIALTY REQUIREMENTS	
CHILD/ADOLESCENT:	<ul style="list-style-type: none"> Completion of an ACGME approved Child and Adolescent Fellowship OR recognized certification in Child Psychiatry (This specialty includes Infants, Preschool, Children and Adolescents)
GERIATRICS:	<ul style="list-style-type: none"> Completion of an ACGME approved Geriatric Fellowship OR recognized certification in Geriatric Psychiatry
BUPRENORPHINE – MEDICATION ASSISTED TREATMENT:	<ul style="list-style-type: none"> DEA registration certificate with the DATA 2000 prescribing identification number
CERTIFIED GROUP PSYCHOTHERAPIST:	<ul style="list-style-type: none"> Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP_
CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER:	<ul style="list-style-type: none"> Completion of an ACGME Board certification in addiction psychiatry OR certified by the American Society of Addiction Medicine (ASAM)/renamed American Board of Addiction Medicine (ABAM)
CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR	<ul style="list-style-type: none"> Must have completed training on CANS and be certified as an Assessor
CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR	<ul style="list-style-type: none"> Must have completed training on CANS and be certified as an Assessor
CHILD-PARENT PSYCHOTHERAPY (CPP):	<ul style="list-style-type: none"> Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco
COGNITIVE PROCESSING THERAPY (CPT):	<ul style="list-style-type: none"> Licensed mental health provider must complete training in CPT by approved trainer Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant
COMMUNITY SUPPORT TEAM TREATMENT (CST)	<ul style="list-style-type: none"> Must be certified to provide CST by the Illinois Department of Human Services' Division of Mental Health and approved to provide CST by the Department of Healthcare and Family Services, or its designee, in accordance with 89 Ill. Adm. Code 140
COORDINATED SPECIALTY CARE for FIRST EPISODE PSYCHOSIS (CSC)	<ul style="list-style-type: none"> Must be contracted with the Illinois Department of Human Services' Division of Mental Health to be FIRST.IL provider to deliver coordinated specialty care for first episode psychosis treatment
DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)	<ul style="list-style-type: none"> Requires certification in DRBI
EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)	<ul style="list-style-type: none"> Must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention services in accordance with 12 VAC 30-50-131 Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator
MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT):	<ul style="list-style-type: none"> State certificate, if applicable in your state
NEUROPSYCHOLOGICAL TESTING:	<ul style="list-style-type: none"> Recognized certification in Neurology through the American Board of Psychiatry and Neurology OR Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association <p>AND all of the following criteria:</p> <ul style="list-style-type: none"> State medical licensure specifically allows for provision of neuropsychological testing service; Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested; Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.
OFFICE-BASED ADDICTIONS TREATMENT (OBAT)	<ul style="list-style-type: none"> Provider must have hired a Navigator to assist with OBAT services
PARENT-CHILD INTERACTION THERAPY (PCIT):	<ul style="list-style-type: none"> Must be certified by PCIT International
PRESCHOOL PTSD TREATMENT (PPT):	<ul style="list-style-type: none"> Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment
PROLONGED EXPOSURE (PE):	<ul style="list-style-type: none"> Licensed mental health provider must complete training in PE by approved trainer Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant
SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC):	<ul style="list-style-type: none"> Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc, Program Services, and SAPAA)
TRANSCRANIAL MAGNETIC STIMULATION (TMS)	<ul style="list-style-type: none"> Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications In order to include this specialty on your provider record, we require an Amendment to your Agreement. If you designate this specialty, the Amendment will be sent to you separately for your signature
TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)	<ul style="list-style-type: none"> Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program
TRAUMA INFORMED CARE (TIC)	<ul style="list-style-type: none"> Must have completed training in Trauma Informed Care

Important Note: Signature on the above Attestation is required of all applicants

PHYSICIAN SPECIALTY REQUIREMENTS (cont.)
TRIPLE P (Positive Parenting Program) <ul style="list-style-type: none"> • Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America
TRUST-BASED RELATIONAL INTERVENTION (TBRI) <ul style="list-style-type: none"> • Must have completed training in Trust-Based Relational Intervention
YOUTH PTSD TREATMENT (YPT): <ul style="list-style-type: none"> • Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment

PSYCHOLOGISTS, NURSES & MASTER’S LEVEL CLINICIANS SPECIALTY REQUIREMENTS
CHILD/ADOLESCENT – Psychologists Only: <ul style="list-style-type: none"> • Completion of an APA approved or other accepted training/certification program in Clinical Child Psychology (This specialty includes Infants, Preschool, Children and Adolescents)
CERTIFIED GROUP PSYCHOTHERAPIST: <ul style="list-style-type: none"> • Must have Board Certification from the International Board of Certification of Group Psychotherapists (IBCGP)
CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER: <ul style="list-style-type: none"> • Completion an APA or other accepted training in Addictionology <p>OR</p> <ul style="list-style-type: none"> • Certification in Addiction Counseling <p>AND one (1) or more of the following:</p> <ul style="list-style-type: none"> • Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period • Evidence of twenty-five percent (25%) practice experience in substance abuse
CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR <ul style="list-style-type: none"> • Must have completed training on CANS and be certified as an Assessor
CHILD and ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR <ul style="list-style-type: none"> • Must have completed training on CANS and be certified as an Assessor
CHILD-PARENT PSYCHOTHERAPY (CPP): <ul style="list-style-type: none"> • Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco
COGNITIVE PROCESSING THERAPY (CPT): <ul style="list-style-type: none"> • Licensed mental health provider must complete training in CPT by approved trainer • Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant
COMMUNITY SUPPORT TEAM TREATMENT (CST) <ul style="list-style-type: none"> • Must be certified to provide CST by the Illinois Department of Human Services’ Division of Mental Health and approved to provide CST by the Department of Healthcare and Family Services, or its designee, in accordance with 89 Ill. Adm. Code 140
COORDINATED SPECIALTY CARE for FIRST EPISODE PSYCHOSIS (CSC) <ul style="list-style-type: none"> • Must be contracted with the Illinois Department of Human Services’ Division of Mental Health to be FIRST.IL provider to deliver coordinated specialty care for first episode psychosis treatment
CRITICAL INCIDENT STRESS DEBRIEFING: <ul style="list-style-type: none"> • Certificate of CISD training from American Red Cross or Mitchell model • Documentation of training and CEU units in the provision of CISD services
DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI) <ul style="list-style-type: none"> • Requires certification in DRBI
EARLY INTERVENTION PROVIDER (Virginia Medicaid Only) <ul style="list-style-type: none"> • Must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention services in accordance with 12 VAC 30-50-131 • Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator
EMPLOYEE ASSISTANCE PROFESSIONAL (EAP): <ul style="list-style-type: none"> • Minimum of two (2) years’ experience in the delivery of EAP core technology as defined by EAPA, and • Minimum of one (1) annual training (CEU credits or professional development hours) in any of the eight (8) EAP content areas
NEUROPSYCHOLOGICAL TESTING – Psychologists Only: <ul style="list-style-type: none"> • Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology <p>OR</p> <ul style="list-style-type: none"> • 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 <p>AND</p> <ul style="list-style-type: none"> • Two (2) years of supervised professional experience in Neuropsychological Assessment
NURSES & PHYSICIAN ASSISTANTS - BUPRENORPHINE – MEDICATION ASSISTED TREATMENT: <ul style="list-style-type: none"> • Certification from DEA
NURSES REQUESTING PRESCRIPTIVE AUTHORITY MUST: <ul style="list-style-type: none"> • Possess a currently valid license as a Registered Nurse in the state(s) in which you practice • Be authorized for prescriptive authority in the state in which you practice • Meet state specific mandates for the state in which you practice regarding DEA license and physician supervision • Attest that you meet your state’s collaborative or supervisory agreement requirements • Specifically request prescriptive privileges on the Optum application above
OFFICE-BASED ADDICTIONS TREATMENT (OBAT) <ul style="list-style-type: none"> • Provider must have hired a Navigator to assist with OBAT services

Important Note: Signature on the above Attestation is required of all applicants

PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS (cont.)
PARENT-CHILD INTERACTION THERAPY (PCIT):
<ul style="list-style-type: none"> • Must be certified by PCIT International
PRESCHOOL PTSD TREATMENT (PPT):
<ul style="list-style-type: none"> • Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment
PROLONGED EXPOSURE (PE):
<ul style="list-style-type: none"> • Licensed mental health provider must complete training in PE by approved trainer • Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant
SUBSTANCE ABUSE EXPERT (SAE) - Nuclear Regulatory Commission (NRC):
<ul style="list-style-type: none"> • To qualify as an SAE for the NRC, you must possess one of the following credentials: • Licensed or certified social worker • Licensed or certified psychologist • Licensed or certified employee assistance professional • Certified alcohol and drug abuse counselor - The NRC recognizes alcohol and drug abuse certification by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA). <p>AND</p> <ul style="list-style-type: none"> • Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc., Program Services, and SAPAA)
SUBSTANCE ABUSE PROFESSIONAL (SAP):
<ul style="list-style-type: none"> • Certificate of training in federal Department of Transportation SAP functions and regulatory requirements (agencies providing such certification include, but not limited to, Blair and Burke, EAPA and NMDAC)
TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)
<ul style="list-style-type: none"> • Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program
TRAUMA INFORMED CARE (TIC)
<ul style="list-style-type: none"> • Must have completed training in Trauma Informed Care
TRIPLE P (Positive Parenting Program)
<ul style="list-style-type: none"> • Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America
TRUST-BASED RELATIONAL INTERVENTION (TBRI)
<ul style="list-style-type: none"> • Must have completed training in Trust-Based Relational Intervention
VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – Psychologists Only:
<ul style="list-style-type: none"> • 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
YOUTH PTSD TREATMENT (YPT):
<ul style="list-style-type: none"> • Must have Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment