# **UnitedHealthcare Community Plan of Washington Behavioral Health Clinical Expertise checklist**

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

- Complete and sign this form
- Return by email to <u>WABHContracts@uhc.com</u>
- If you have any questions, contact Network Management at 866-574-6088 (select option 1)

Clinician Name:			CAQH #:		
PI	hone:	Fax:		State:	License:
Ar	reas of clinical expertise				
Ple	ease check all areas you have clir	nical training and experience A	.NI	D are currently will	ing to treat in your practice.
	Abuse (physical, sexual, etc.) Acute treatment services (ATS) disorders (ASAM Level 3.7) Adoption issues Anger management	for substance use E E E		Disability evaluation Dissociative disorde Domestic violence Electroconvulsive th Emergency services	ers nerapy (ECT) s program (ESP)
	Anxiety Assertive community treatment ( Assessment and referral – subst Attention-deficit disorders (ADHI Autism spectrum disorders	(ACT) E tance abuse D)		dually diagnosed (A enhanced)	at program (EOP) al rehabilitation services for SAM Level 3.1 co-occurring essment – mental health
	Bariatric/gastric bypass evaluation Behavior modification Biofeedback Bipolar disorder	on E		Eye movement descreprocessing (EMDI Family stabilization Feeding and eating	ensitization and R) team (FST)
	Blindness or visual impairment Case management Certified pastoral counselor Child welfare			Fetal alcohol syndro Fire-setter evaluation Forensic	ome
	Christian counseling Clinical support services for sub- disorders (ASAM Level 3.5)	stance use E		Foster care Grief/bereavement Harm reduction Health and behavio	
	Clinically managed population-specific intensity residential services (AS Co-occurring disorders treatment Cognitive behavioral therapy Community crisis stabilization	SAM Level 3.3) Ext (dual diagnosis) Ext (dual diagnosis)		intervention service Hearing-impaired po HIV/AIDS/ARC Home care/home vi Hypnosis	opulations
	Community integration counselir Community habilitation Community self-advocacy trainir Community support program (CS	ng		In-home behavioral In-home therapy (IF	
	Community support program for experiencing chronic homelessn Compulsive gambling	people E E E E E		Intellectual and dev Intensive care coord Intensive individual	support `
	Crisis respite Day habilitation Day treatment Depression	<u> </u>		Learning disabilities LGBTQ-identified cl LGBTQ supportive Long-term care	
	Developmental disabilities Dialectical behavioral therapy			Long-acting injectal	ole (LAI) administrator ase management



ш	Medicaid opioid treatment program (OTP) –		Recovery support navigators (RSN)
	physicians only		Regional Behavioral Health Authority (RHBA)
			Relaxation techniques
			Residential rehabilitation services
			(ASAM Level 3.1)
			School-based services
			Serious mental illness
	Multi-systemic therapy (MST)		Sex offender treatment
			Sexual abuse evaluation
	Native American traditional healing systems		Sexual dysfunction
	Nursing home visits		Sexual trauma
	Obsessive compulsive disorder		Sleep-wake disorders
	Organic disorders		Somatoform disorders
	Pain management		SPRAVATO <sup>™</sup> (prescribers only)
	Parent support and training		Structured Outpatient Addiction Program (SOAP)
	Parent-child evaluation		Targeted case management
	Personality disorders		TBI waiver – case management
	Phobia		TBI waiver – community integration
	Physical disabilities		Counseling TBI waiver – positive behavior
	Planned respite		Telemental health
	Positive behavioral interventions and supports		Therapeutic monitoring
	Postpartum depression		Transitional support services (TSS) for substance
	Post-traumatic stress disorder (PTSD)		use disorders (ASAM Level 3.1)
	Program of assertive community treatment		Trauma therapy
	Psych testing		Traumatic brain injury
	Psychiatric day treatment		Weapons clearance
	Psychotic/schizophrenic disorders		Workers' compensation
	Qualified integrated behavioral health provider		Youth mobile crisis (mobile crisis intervention –
	(QIBPROV)	_	YMCI)
	Race-based trauma		Youth stabilization services (YSS)
	Recovery coaching		Youth support
	,		11
Po	pulation(s) treated (check all that apply):		
	Adult		amily therapy
	Child		roup therapy
	Adolescent		patient
	Geriatric	☐ Ca	aregiver
	Couples/marriage therapy		



## **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 5–8.

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 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, I meet UnitedHealthcare requirements for that treatment area.

Ph	ysician specialties	
	Child/adolescent (please specify all ages that you treat)  ☐ Infant mental health (ages 0–3) ☐ Preschool ages 0–5) ☐ Children (ages 6–12) ☐ Adolescents (ages 13–18) ☐ Geriatrics	(DRBI) (submit copy of certification) First responder Medicaid office-based opioid treatment program (OBOT)
	Buprenorphine – medication-assisted treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number)	Office-based addictions treatment (OBAT) Parent-child interaction therapy (PCIT)
	Certified group psychotherapist (CGP) (submit certification from IBCGP)	Prolonged exposure (PE) Substance abuse expert (submit Nuclear
	Chemical dependency/substance abuse/substance use disorder (SUD) Child and Adolescent Strengths and Needs (CANS)	Regulatory Commission qualification training certificate) Transcranial magnetic stimulation (TMS)
	2.0 Assessor (submit documentation of completion of training and certification as Assessor) Child and Adolescent Strengths and Needs (CANS)	Trauma-focused cognitive behavioral therapy (TF-CBT) (submit copy of TF-CBT certification) Trauma-informed care (TIC) (submit documentation of completion of TIC training)
	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)	Trust-based relational intervention (TBRI) (submit documentation of completion of TBRI training) Youth PTSD Treatment (YPT)
	Comprehensive multi-disciplinary evaluation (CMDE)	
No	n-physician specialties	
	Child/adolescent (please specify all ages that you treat)  ☐ Infant mental health (ages 0–3) ☐ Preschool (ages 0–5) ☐ Children (ages 6–12) ☐ Adolescents (ages 13–18) ☐ Geriatrics	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
	Certified group psychotherapist (CGP) (submit certification from IBCGP)	and certification as Assessor) Child-parent psychotherapy (CPP)
	Chemical dependency/substance abuse/substance use disorder (SUD)	- 3 1 3 17(- 7



Non-physician specialties (cont.)						
<ul> <li>□ Comprehensive multi-disciplinary evaluation (CMDE)</li> <li>□ Coordinated specialty care (CSC)</li> <li>□ Critical incident stress</li> <li>□ Debriefing (submit CISD certificate)</li> <li>□ Developmental relationship-based intervention (DRBI)</li> <li>□ Early intensive developmental and behavioral intervention (EIDBI)</li> <li>□ First responder</li> <li>□ Neuropsychological testing – psychologists only</li> <li>□ Nurses and physician assistants – buprenorphine</li> <li>□ Medication-assisted treatment (MAT) (submit certification email from DEA)</li> <li>□ Nurses – prescriptive privileges (submit ANCC certificate, prescriptive authority, DEA certificate and/or state-controlled substance certificate, based upon state requirement)</li> <li>□ Office-based addictions treatment (OBAT)</li> <li>□ Parent-child interaction therapy (PCIT)</li> <li>□ Preschool PTSD treatment (PPT)</li> <li>□ Prolonged exposure (PE)</li> </ul>	<ul> <li>□ Substance abuse expert (submit Nuclear Regulatory Commission qualification training certificate)</li> <li>□ Substance abuse professional (submit Department of Transportation certificate)</li> <li>□ AARP® Medicare Advantage (HMO)</li> <li>□ Transcranial magnetic stimulation (TMS)</li> <li>□ Trauma-focused cognitive behavioral therapy (TF-CBT) (submit copy of TF-CBT certification)</li> <li>□ Trauma-informed care (TIC) (submit documentation of completion of TIC training)</li> <li>□ Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4)</li> <li>□ Trust-based relational intervention (TBRI) (submit documentation of completion of TBRI training)</li> <li>□ Veterans administration mental health disability examination – psychologists only</li> <li>□ Youth PTSD treatment (YPT)</li> </ul>					
□ No specialties (must be checked if no other specialties are being designated)  I understand that UnitedHealthcare 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 a UnitedHealthcare 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 UnitedHealthcare 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 and, if applicable for my state, the State Regulatory Attachment, Medicare Regulatory Attachment and/or Medicaid Regulatory Attachment.						
Print name of applicant						
Signature of applicant						
Signature stamps are not accepted.						

Important note: Signature on this specialty attestation page is required of all applicants.



## Physician specialty requirements

#### CHILD/ADOLESCENT - psychologists only:

• Completion of an ACGME-approved child and adolescent fellowship OR recognized certification in adolescent psychiatry. (This 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:**

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:

 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)

#### 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

#### **CHILD-PARENT PSYCHOTHERAPY (CPP):**

 Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco

#### **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

## MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT):

State certificate, if applicable in your state

## EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

 Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements



## Physician specialty requirements

#### **FIRST RESPONDER**

- Must have 2 or more of the following qualifying attributes:
  - First responder culture training
  - Experience working with first responders (percentage of practice)
  - Advanced PTSD/EMDR or trauma-informed care
  - Substance abuse disorder certified/licensed
  - Background as a first responder
  - Knowledge of continuing care resources in this specialization

### MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT):

State certificate, if applicable in your state

#### **NEUROPSYCHOLOGICAL TESTING (one of the following):**

- Recognized certification in neurology through the American Board of Psychiatry and Neurology
- Accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association
- AND all of the following criteria:
  - State medical licensure does not include provisions that prohibit 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):**

Provider must have hired a Navigator to assist with OBAT services

#### PARENT-CHILD INTERACTION THERAPY (PCIT):

· Must be certified by PCIT International

## PRESCHOOL PTSD TREATMENT (PPT):

Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment

#### 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):

Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications

## 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

#### YOUTH PTSD TREATMENT (YPT):

· Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment



## 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.)

#### 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

#### **CERTIFIED GROUP PSYCHOTHERAPIST:**

Must have board certification from the International Board for Certification of Group Psychotherapists (IBCGP)

## CHEMICAL DEPENDENCY/SUBSTANCE ABUSE/SUBSTANCE USE DISORDER:

Completion 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 (25% practice experience in substance abuse)

## **CHILD-PARENT PSYCHOTHERAPY (CPP):**

Must have Certificate of Completion of CPP from a trainer endorsed by the University of California, San Francisco

## **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:**

- 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) 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



## Psychologists, nurses and master's-level clinicians specialty requirements

#### **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
- 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 4)

## OFFICE-BASED ADDICTIONS TREATMENT (OBAT):

Provider must have hired a Navigator to assist with OBAT services

## PARENT-CHILD INTERACTION THERAPY (PCIT):

Must be certified by PCIT International

## PRESCHOOL PTSD TREATMENT (PPT):

Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment

#### **PROLONGED EXPOSURE (PE):**

- · Licensed mental health provider must complete training in PE by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

#### SUBSTANCE ABUSE EXPERT (SAE) - Nuclear Regulatory Commission (NRC):

To qualify as an SAE for the NRC, you must possess one of the following credentials:

- · Licensed or certified social worker
- Licensed or certified psychologist
- Licensed or certified employee assistance professional
- Certified alcohol and drug abuse counselor the NRC recognizes alcohol and drug abuse certification by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA)

#### **AND**

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

#### SUBSTANCE ABUSE PROFESSIONAL (SAP):

Certificate of training in federal Department of Transportation SAP functions and regulatory requirements (agencies
providing such certification include, but not limited to, Blair and Burke, EAPA and NMDAC)

## TRANSCRANIAL MAGNETIC STIMULATION (TMS):

- 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

## 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



## Psychologists, nurses and master's-level clinicians specialty requirements

#### 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

## **YOUTH PTSD TREATMENT (YPT):**

• Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment

