





















**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 one 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

**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

**EMPLOYEE ASSISTANCE PROFESSIONAL (EAP)**

- Minimum of two years' experience in the delivery of EAP core technology as defined by EAPA

**AND**

- Minimum of one annual training (CEU credits or professional development hours) in any of the eight EAP content areas

**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 & 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 7)

**OFFICE-BASED ADDICTIONS 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 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 are not limited to, Blair and Burke, EAPA and NMDAC)

**PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS – cont.**

**TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)**

- Must have obtain a certification from the Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program

**TRAUMA-INFORMED CARE (TIC)**

- Must have completed training in Trauma-Informed Care

**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 Trust-Based Relational Intervention

**VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – Psychologist 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) Assertive Community Treatment (ACT) Evidence-Based Practice Toolkit

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

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

**BUPRENORPHINE – MEDICATION-ASSISTED TREATMENT (MAT)**

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

**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



**AGENCY DATA PAGE**  
**Primary Practice – Location \_\_\_\_\_**  
**(additional pages located at the end of the application for additional practice locations)**

**Practice Information (Practice Location # \_\_\_\_\_)**

Practice Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secure Fax \_\_\_\_\_

Tax ID \_\_\_\_\_

NPI \_\_\_\_\_ 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.)
- Adoption Issues
- Adult Therapy
- Anger Management
- Anxiety
- Assertive Community Treatment (ACT)
- Assessment and Referral – Substance Abuse
- Attention Deficit Disorder
- Autism Spectrum Disorders
- Bariatric/Gastric Bypass Evaluation
- Behavioral Modification
- Biofeedback
- Bipolar Disorder
- Bisexual Issues
- Blindness or Visual Impairment
- Caregiver/Family Supports and Services
- Case Management
- Certified Pastoral Counseling
- Child Welfare
- Christian Counseling
- 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

- 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 clubhouse or psychosocial club program to strengthen work prospects and skills towards achieving competitive employment
  - Intensive Supported Employment – Intensive support when competitive employment is unlikely absent these services
  - On-going Supported Employment – Ongoing support for an indefinite period as needed to maintain paid employment
  - Enhanced Outpatient Program (EOP)
  - Evaluation and Assessment – Mental Health
  - 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
- Gay/Lesbian Issues
- Grief/Bereavement
- Group Therapy

**Habilitation:**

- Habilitation
- Residential Supports in Community Settings
- 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 Crisis Respite (New York only)
- Intensive Individual Support
- Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS)
- Learning Disabilities
- Long-Term Care
- Long-Acting Injectable (LAI) Administrator
- Medical Illness/Disease Management
- Medicaid Opioid Treatment Program (OTP) – Physicians Only
- 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)
- 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
- Outpatient Medically Supervised Withdrawal

- Pain Management
- Palliative Care Bereavement
- Palliative Care Expressive Therapy
- Palliative Care Massage Therapy
- Palliative Care Pain & Symptom Management
- Parent Support and Training
- Parent-Child Evaluation
- Personality Disorders
- Personalized Recovery Oriented Services
- Phobias
- 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
- Psychosocial Rehabilitation (PSR):
  - Clubhouse
- Psychotic/Schizophrenic
- Rape Issues
- 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
- Short-Term Crisis Respite (New York only)
- 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**)

- Telephonic Crisis Follow-up
- Telephonic Triage and Crisis Response
- Therapeutic Monitoring (TM)
- Transgender
- 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

**Ages Range(s) Served**

**% of Population in Age Range**

**Average Number of Sessions**

|                                |                              |                             |       |       |
|--------------------------------|------------------------------|-----------------------------|-------|-------|
| Adult (18 – 64 years)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | _____ |
| Adolescent (13 – 17 years)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | _____ |
| Child (12 years or younger )   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | _____ |
| Geriatric (65 years or older ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | _____ |

Please list the degree levels, license levels and certifications required for your professional staff involved in direct care delivery (please attach)

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 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 one 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   | Non-Physician Specialties  |
|---|--|
| <input type="checkbox"/> Child/Adolescent (please specify all ages that you treat):<br><input type="checkbox"/> Infant Mental Health (0-3 years)<br><input type="checkbox"/> Preschool (0-5 years)<br><input type="checkbox"/> Children (6-12 years)<br><input type="checkbox"/> Adolescents (13-18 years)<br><input type="checkbox"/> Geriatrics<br><input type="checkbox"/> Buprenorphine – Medication-Assisted Treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number)<br><input type="checkbox"/> Certified Group Psychotherapist (CGP) (submit Certification from IBCGP)<br><input type="checkbox"/> Chemical Dependency/Substance Abuse/Substance Use Disorder (SUD)<br><input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (submit documentation of completion of training and certification as Assessor)<br><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)<br><input type="checkbox"/> Cognitive Processing Therapy (CPT)<br><input type="checkbox"/> Early Intervention Provider (Virginia Medicaid only – submit applicable certification)<br><input type="checkbox"/> Medicaid Office-Based Opioid Treatment Program (OBOT)<br><input type="checkbox"/> Neuropsychological Testing<br><input type="checkbox"/> Office-Based Addictions Treatment (OBAT)<br><input type="checkbox"/> Prolonged Exposure (PE)<br><input type="checkbox"/> Substance Abuse Expert (submit Nuclear Regulatory Commission qualification training certificate)<br><input type="checkbox"/> Transcranial Magnetic Stimulation (TMS)<br><input type="checkbox"/> Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (submit copy of TF-CBT certification)<br><input type="checkbox"/> Trauma-Informed Care (TIC) (submit documentation of completion of TIC training)<br><input type="checkbox"/> Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4)<br><input type="checkbox"/> Trust-Based Relational Intervention (TBRI) (submit documentation of completion of TBRI training) | <input type="checkbox"/> Child/Adolescent (please specify all ages that you treat) – <i>Psychologist only</i> :<br><input type="checkbox"/> Infant Mental Health (0-3 years)<br><input type="checkbox"/> Preschool (0-5 years)<br><input type="checkbox"/> Children (6-12 years)<br><input type="checkbox"/> Adolescents (13-18 years)<br><input type="checkbox"/> Assertive Community Treatment (ACT) (requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit)<br><input type="checkbox"/> Certified Employee Assistance Professional (requires CEAP certificate)<br><input type="checkbox"/> Certified Group Psychotherapist (CGP) (submit Certification from IBCGP)<br><input type="checkbox"/> Chemical Dependency/Substance Abuse/Substance Use Disorder (SUD)<br><input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (submit documentation of completion of training and certification as Assessor)<br><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)<br><input type="checkbox"/> Cognitive Processing Therapy (CPT)<br><input type="checkbox"/> Critical Incident Stress Debriefing (requires CISD certificate)<br><input type="checkbox"/> Employee Assistance Professional<br><input type="checkbox"/> Early Intervention Provider (Virginia Medicaid only – submit applicable certification)<br><input type="checkbox"/> Functional Family Therapy (FFT)<br><input type="checkbox"/> Functional Family Therapy – Child Welfare (FFT-CW)<br><input type="checkbox"/> Homebuilders® - Homebuilders Family Preservation Program<br><input type="checkbox"/> Multi-Systemic Therapy (MST)<br><input type="checkbox"/> Neuropsychological Testing – <i>Psychologists only</i><br><input type="checkbox"/> Nurses and Physician Assistants – Buprenorphine – Medication-Assisted Treatment (MAT) (submit certification email from DEA)<br><input type="checkbox"/> Nurses – Prescriptive Privileges (requires ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based on state requirements)<br><input type="checkbox"/> Office-Based Addictions Treatment (OBAT) |



**Non-Physician Specialties (cont.)**

- Peer Bridger/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)
- Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4)
- 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 \_\_\_\_\_

