#### OPTUM SPECIALTY ATTESTATION – AGENCY Practice Location # \_\_\_\_\_ (For additional locations copy these pages)

	(For additional locations cop	by these pages	5)
Practice Information (Practice Location Practice Address:			
City:			
Phone:			
Tax ID:	NPI:		
Taxonomy:			_
Medicaid ID Number:			Not Applicable
Medicare ID Number:	Issue Date:		Not Applicable

Optum requires additional training, experience and/or outside agency approval for the following populations, professionals, and specialties. Please review the Specialty Requirements on pages 11-15. 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 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, our Agency includes at least one clinician who meets Optum 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 Optum upon request.

PHYSI	
Behavioral Health Crisis Care	
Behavioral Health Urgent Care Center (Massachu	usetts Medicaid only – must meet the criteria as defined by MassHealth)
Behavior Support Consultation (BSC) (NM only)	
Buprenorphine – Medication Assisted Treatment ( identification number)	(MAT) (submit DEA registration with the DATA 2000 prescribing
Certified Group Psychotherapist (CGP) (submit C	Certification from IBCGP)
Chemical Dependency / Substance Abuse / Subs	tance Use Disorder (SUD)
Child/Adolescent (please specify all ages that you	u treat):
Infant Mental Health (0-3 years)	Children <i>(6-12 years)</i>
Preschool <i>(0-5 years)</i>	Adolescents (13-18 years)
Child and Adolescent Needs and Strengths (CAN certification as Assessor)	S) 2.0 Assessor (submit documentation of completion of training and
Child and Adolescent Needs and Strengths (CAN training and certification as Assessor)	S) 2.0 (Child Welfare) Assessor (submit documentation of completion of
Cognitive Processing Therapy (CPT)	
Community Behavioral Health Centers (CBHC) (I	MassHealth ONLY)
Community Brief Crisis Support	
Community Support Team (CST)	
Comprehensive Multi-Disciplinary Evaluation (CM	IDE)
Coordinated Specialty Care (CSC)	
CSP for Individual w/Justice Involvement (MA onl	у)
Developmental Relationship-Based Intervention (I	DRBI) (submit copy of certification)
Early Intensive Developmental and Behavioral Int	tervention (EIDBI)

PHYSICIAN SPECIALTIES
Early Intervention Provider (Virginia Medicaid only – submit applicable certification)
First Responder
Geriatrics
Individual Placement and Support
Intensive Hospital Diversion ( <i>Massachusetts Medicaid only – must meet the performance specs as outlined by MassHealth</i> )
Medicaid Office-Based Opioid Treatment Program (OBOT)
Medicare Opioid Treatment Program (submit copy of SAMHSA certification)
Mobile Response and Stabilization Services (MRSS)
Neuropsychological Testing
Office-Based Addictions Treatment (OBAT)
Outpatient Services/Crisis Stabilization
Personal Care Service
Prolonged Exposure (PE)
Substance Abuse Expert (submit Nuclear Regulatory Commission qualification training certificate)
Substance Abuse Professional (submit Department of Transportation certificate)
Substance Use Disorder (SUD) - Outpatient
Substance Use Disorder (SUD) – Residential Treatment
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)
Youth PTSD Treatment (YTP)

# NON-PHYSICIAN SPECIALTIES

Assertive Community Treatment (ACT) (requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit)
Behavioral Health Crisis Care
Behavioral Health Urgent Care Center (Massachusetts Medicaid only – must meet the criteria as defined by MassHealth)
Behavior Support Consultation (BSC) (NM only)
Certified Group Psychotherapist (CGP) (submit Certification from IBCGP)
Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
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)
Child and Adolescent Needs and Strengths (CANS) 2.0 Assessor (submit documentation of completion of training and certification as Assessor)
Child and Adolescent Needs and Strengths (CANS) 2.0 (Child Welfare) Assessor (submit documentation of completion of training and certification as Assessor)
Cognitive Processing Therapy (CPT)
Community Behavioral Health Centers (CBHC) (MassHealth ONLY)
Community Brief Crisis Support
Community Support Team (CST)
Comprehensive Multi-Disciplinary Evaluation (CMDE)
Coordinated Specialty Care (CSC)
Critical Incident Stress Debriefing (requires CISD certificate)
 CSP for Individual w/Justice Involvement (MA only)

	NON-PHYSICIAN SPECIALTIES
	Developmental Relationship-Based Intervention (DRBI) (submit copy of certification)
	Early Intensive Developmental and Behavioral Intervention (EIDBI)
	Early Intervention Provider (Virginia Medicaid only – submit applicable certification)
	First Responder
	Functional Family Therapy (FFT)
	Functional Family Therapy – Child Welfare (FFT-CW)
	Homebuilders® - Homebuilders Family Preservation Program
	Individual Placement and Support
	Intensive Hospital Diversion ( <i>Massachusetts Medicaid only – must meet the performance specs as outlined by MassHealth</i> )
	Mobile Response and Stabilization Services (MRSS)
	Multi-Systemic Therapy (MST)
	Neuropsychological Testing – Psychologists only
	Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (submit certification email from DE
	Nurses – Prescriptive Privileges (requires ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlle Substance certificate, based on state requirements)
	Office-Based Addictions Treatment (OBAT)
	Outpatient Services/Crisis Stabilization
	Partial Hospitalization Program
	Peer Bridger/Support Services (requires state peer certification or evidence of current training completion)
	Personal Care Service
	Prolonged Exposure (PE)
	Substance Abuse Expert (submit Nuclear Regulatory Commission qualification training certificate)
I	Substance Abuse Professional (submit Department of Transportation certificate)
	Substance Use Disorder (SUD) - Outpatient
	Transcranial Magnetic Stimulation (TMS)
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (submit copy of TF-CBT certification)
T	Trauma Informed Care (TIC) (submit documentation of completion of TIC training)
I	Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4)
ĺ	Trust- Based Relational Intervention (TBRI) (submit documentation of completion of TBRI training)
T	Veterans Administration Mental Health Disability Examination – Psychologist only

	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– <b>no deductible, co-payment, or coinsurance</b> 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 non-prescriber therapists are expected to support and accept Members who request an EAP benefit (in compliance with your Agreement). You must select an area of expertise for EAP from the list below or select the "Not Applicable…" box if your agency includes only prescribers:		
	applicable. All providers in this agency are MDs, Registered Nurses, Nurse Practitioners or Physician Assistants with scriptive authority.	
this	agency provides Employee Assistance Program services (by way of its non-prescriber therapists only). By checking box, I acknowledge that, as a contracted Optum agency, the agency supports and accepts Members who request an appointment, in accordance with our Agreement.	
desių requ	viders who have additional EAP training or certification may attest to meeting requirements shown below and be gnated with the expertise in Optum's online provider directory. If a provider or providers in your agency meet the irrements of either of the two designations shown below, select the one(s) they meet. NOTE: neither of the two gnations 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:	
	<ul> <li>Minimum of two (2) years' experience in the delivery of EAP core technology as defined by EAPA, and</li> </ul>	
	<ul> <li>Minimum of one (1) annual training (CEU credits or professional development hours) in any of the eight (8) EAP content areas</li> </ul>	

I understand that Optum 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 an Optum 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 Optum network.

By checking the box below, I am indicating that no clinicians in this Agency meet the above criteria.

#### No Specialties

Please note that standard credentialing criteria must be met before specialty designation can be considered. An Authorized Agency Representative must sign this form whether any specialty designations are being requested or not. Failure to sign this form may cause a delay in the processing of the Agency's credentialing file.

Printed Name of Authorized Agency Representative

Signature of Authorized Agency Representative (Signature stamps not accepted)

Date: \_\_\_\_\_

PHYSICIAN SPECIALTY REQUIREMENTS
Important note: Signature on the previous Specialty Attestation page is required for all applicants.
CHILD/ADOLESCENT
<ul> <li>Completion of an ACGME approved Child and Adolescent Fellowship OR recognized certification in Adolescent Psychiatry (specialty includes infants, preschool, children, and adolescents)</li> </ul>
GERIATRICS:
Completion of an ACGME approved Geriatric Fellowship OR recognized certification in Geriatric Psychiatry
BEHAVIORAL HEALTH CRISIS CARE
Must have state license with certification to provide service
BEHAVIORAL HEALTH URGENT CARE CENTER
Massachusetts Medicaid only
Must meet the criteria as defined by MassHealth BEHAVIOR SUPPORT CONSULTATION (BSC)
Must meet NM training requirement for Behavior Support Consultation (BSC)
BUPRENORPHINE – MEDICATION ASSISTED TREATMENT (MAT)
DEA registration certificate with the DATA 2000 prescribing identification number
CERTIFIED GROUP PSYCHOTHERAPIST
<ul> <li>Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)</li> </ul>
CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)
<ul> <li>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</li> </ul>
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)
<ul> <li>Licensed mental health provider must complete training in CPT by approved trainer</li> </ul>
<ul> <li>Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant</li> </ul>
COMMUNITY BEHAVIORAL HEALTH CENTERS (CBHC)
Need to be on the Mass Health designation listing and submit their designation letter
Will need the CBHC License for the designated location
COMMUNITY BRIEF CRISIS SUPPORT
Must have state license with certification to provide service COMMUNITY SUPPORT TEAM TREATMENT (CST)
Must meet state requirements
<ul> <li>In Illinois, must be certified to provide CST by the Illinois Department of Human Services' Division of Mental Health and</li> </ul>
approved to provide CST by the Department of Healthcare and Family Services, or its designee, in accordance with 89 III.
Adm. Code 140
COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)
<ul> <li>Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI)</li> </ul>
requirements COORDINATED SPECIALTY CARE (CSC)
Must meet state requirements
<ul> <li>In Illinois, must be contracted with the Illinois Department of Human Services' Division of Mental Health to be FIRST.IL</li> </ul>
provider to deliver coordinated specialty care for first episode psychosis treatment
CSP FOR INDIVIDUAL w/JUSTICE INVOLVEMENT (MA only)
Attest to being able to provide the service, with the performance specification for Massachusetts
DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)
Requires certification in DRBI  EARLY INTENSIVE DEVELORMENTAL AND REHAVIORAL INTERVENTION (EIDRI)
EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)     Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI)
requirements
EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)
<ul> <li>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</li> </ul>
<ul> <li>Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator</li> </ul>

	TY REQUIREMENTS
FIRST RESPONDER Must have 2 or more of the following gua	
First Responder culture training	<ul> <li>Substance abuse disorder certified/licensed</li> </ul>
<ul> <li>Experience working with First Responders</li> </ul>	Background as a First Responder
(percentage of practice)	Knowledge of continuing care resources in this
Advanced PTSD/EMDR or trauma informed care	specialization
	specialization
INDIVIDUAL PLACEMENT AND SUPPORT	
• Must have state license with certification to provide service	
INTENSIVE HOSPITAL DIVERSION (Massachusetts Medicaid only	()
Must meet performance specs as outlined by MassHealth	,
MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OI	BOT)
State certificate, if applicable in your state	
MEDICARE OPIOID TREATMENT PROGRAM	
	N Health Administration (SAMHSA) and DEA
	al Realth Administration (SAMRSA) and DEA
MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS):     Must meet state requirements	
	t
<ul> <li>In Ohio – Must complete 2-day MRSS Training requirement</li> <li>NEUROPSYCHOLOGICAL TESTING</li> </ul>	n.
<ul> <li>Recognized certification in Neurology through the American</li> </ul>	n Board of Psychiatry and Neurology
OR	Ti board of risychiatry and Neurology
Accreditation in Behavioral Neurology and Neuropsychiatry	v through the American Neuropsychiatric Association
AND all of the following criteria:	
<ul> <li>State medical licensure specifically allows for provision of n</li> </ul>	neuropsychological testing service
	ific tests and/or assessment measures for which authorization is
requested	
	revailing national professional and ethical standards regarding test
administration, scoring, and interpretation	5 1 5 5
OFFICE-BASED ADDICTIONS TREATMENT (OBAT)	
<ul> <li>Provider must have hired a Navigator to assist with OBAT</li> </ul>	services
OUTPATIENT SERVICES/CRISIS STABILIZATION	
<ul> <li>Agency must have license from the Virginia Department of</li> </ul>	f Behavioral Health and Developmental Services (DBHDS) for
Outpatient Services/Crisis Stabilization for Virginia Medica	aid
PERSONAL CARE SERVICE	
Must have state license with certification to provide service	e
PROLONGED EXPOSURE (PE)	
Licensed mental health provider must complete training in	
Must complete 2 cases to acceptable fidelity to the model	
SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Com	
	viding such certification include, but are not limited to, ASAP, Inc.,
Program Services, and SAPAA) SUBSTANCE ABUSE PROFESSIONAL (SAP):	
	ion SAP functions and regulatory requirements (agencies providing
<ul> <li>Certification include, but not limited to, Blair and Burket</li> </ul>	
SUBSTANCE USE DISORDER (SUD) – OUTPATIENT	
Must meet Ohio state guidelines for Substance Use Disord	der
FRANSCRANIAL MAGNETIC STIMULATION (TMS)	a U 1
	vice(s) to be used in accordance with FDA-labeled indication
TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-C	
	Cognitive Behavioral Therapy National Therapist Certification
Program	
Program FRAUMA INFORMED CARE (TIC)	
TRAUMA INFORMED CARE (TIC)	
Must have completed training in Trauma Informed Care	
Must have completed training in Trauma Informed Care     IRIPLE P (Positive Parenting Program)	lards Level A issued by Triple P America
Must have completed training in Trauma Informed Care     Must have an accreditation certification in Triple P – Standa	lards Level 4, issued by Triple P America
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 – Stands     TRUST-BASED RELATIONAL INTERVENTION (TBRI)	
Must have completed training in Trauma Informed Care     Must have completed training in Trauma Informed Care     IRIPLE P (Positive Parenting Program)     Must have an accreditation certification in Triple P – Stands     IRUST-BASED RELATIONAL INTERVENTION (TBRI)     Must have completed training in Trust-Based Relational Int	
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 – Stands     TRUST-BASED RELATIONAL INTERVENTION (TBRI)	tervention

NON-PHYSICIAN CLINICIANS SPECIALTY REQUIREMENTS
CHILD/ADOLESCENT – Psychologists Only
<ul> <li>Completion of an APA approved or other accepted training/certification program in Clinical Child Psychology (this specialty</li> </ul>
includes Infants, Preschool, Children and Adolescents)
BEHAVIORAL HEALTH CRISIS CARE
BEHAVIORAL HEALTH URGENT CARE CENTER
Massachusetts Medicaid only
Must meet the criteria as defined by MassHealth
CERTIFIED GROUP PSYCHOTHERAPIST
<ul> <li>Must have Board Certification from the International Board for Certification of Group Psychotherapists (IBCGP)</li> </ul>
CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)
<ul> <li>Completion of an APA or other accepted training in Addictionology</li> </ul>
OR
Certification in Addiction Counseling
AND one (1) or more of the following:
<ul> <li>Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period</li> </ul>
Evidence of at least twenty-five percent (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)
<ul> <li>Licensed mental health provider must complete training in CPT by approved trainer</li> </ul>
<ul> <li>Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant</li> </ul>
COMMUNITY BEHAVIORAL HEALTH CENTERS (CBHC)
<ul> <li>Need to be on the Mass Health designation listing and submit their designation letter</li> </ul>
Will need the CBHC License for the designated location
COMMUNITY BRIEF CRISIS SUPPORT
Must have state license with certification to provide service
COMMUNITY SUPPORT TEAM TREATMENT (CST)
Must meet state requirements
<ul> <li>In Illinois, must be certified to provide CST by the Illinois Department of Human Services' Division of Mental Health and</li> </ul>
approved to provide CST by the Department of Healthcare and Family Services, or its designee, in accordance with 89 III.
Adm. Code 140
COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)
<ul> <li>Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI)</li> </ul>
requirements
COORDINATED SPECIALTY CARE (CSC)
Must meet state requirements
<ul> <li>In Illinois, must be contracted with the Illinois Department of Human Services' Division of Mental Health to be FIRST.IL</li> </ul>
provider to deliver coordinated specialty care for first episode psychosis treatment
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
CSP FOR INDIVIDUAL w/JUSTICE INVOLVEMENT (MA only)
Attest to being able to provide the service, with the performance specification for Massachusetts
DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)
Requires certification in DRBI  EARLY INTENSIVE DEVICE ORMENTAL AND REHAVIORAL INTERVENTION (EIDRI)
EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)
<ul> <li>Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI)</li> </ul>
requirements
EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)
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
<ul> <li>Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service</li> </ul>
Coordinator

NON-PHYSICIAN CLINICIAN SPECIALTY REQUIREMENTS
FIRST RESPONDER Must have 2 or more of the following qualifying attributes:
First Responder culture training     Substance abuse disorder certified/licensed
Experience working with First Responders     Background as a First Responder
(percentage of practice)  • Knowledge of continuing care resources in this
Advanced PTSD/EMDR or trauma informed care specialization
INDIVIDUAL PLACEMENT AND SUPPORT
Must have state license with certification to provide service
INTENSIVE HOSPITAL DIVERSION (Massachusetts Medicaid only)
Must meet performance specs as outlined by MassHealth
MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS):
Must meet state requirements
<ul> <li>In Ohio – Must complete 2-day MRSS Training requirement</li> </ul>
NEUROPSYCHOLOGICAL TESTING
Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology     OR
<ul> <li>Completion of courses in Neuropsychology, including: Neuroanatomy, Neuropsychological Testing, Neuropathology, or Neuropharmacology</li> </ul>
<ul> <li>Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution</li> </ul>
• Completion of an internship, reliowship, of practicum in Neuropsychological Assessment at an accredited institution AND
<ul> <li>Two (2) years of supervised professional experience in Neuropsychological Assessment</li> </ul>
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
<ul> <li>Be authorized for prescriptive authority in the state in which you practice</li> </ul>
<ul> <li>De autionized for prescriptive autionity in the state in which you practice regarding DEA license and physician supervision</li> </ul>
<ul> <li>Attest that you meet your state's collaborative or supervisory agreement requirements</li> </ul>
<ul> <li>Attest that you meet your state's conaborative of supervisory agreement requirements</li> <li>Specifically request prescriptive privileges on the Optum attestation (page 7)</li> </ul>
OFFICE-BASED ADDICTIONS TREATMENT (OBAT)
Provider must have hired a Navigator to assist with OBAT services
OUTPATIENT SERVICES/CRISIS STABILIZATION
Agency must have license from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for
Outpatient Services/Crisis Stabilization for Virginia Medicaid
PERSONAL CARE SERVICE
Must have state license with certification to provide service
PROLONGED EXPOSURE (PE)
Licensed mental health provider must complete training in PE by approved trainer
<ul> <li>Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant</li> </ul>
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
<ul> <li>Certified alcohol and drug abuse counselor – The NRC recognizes alcohol and drug abuse certification by the National</li> </ul>
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)
SUBSTANCE USE DISORDER (SUD) – OUTPATIENT
Must meet Ohio state guidelines for Substance Use Disorder
TRANSCRANIAL MAGNETIC STIMULATION (TMS)
<ul> <li>Completion of all training related to use of FDA-cleared device(s) to be used in accordance with FDA-labeled indication</li> </ul>
Must be within the scope of state license

### NON-PHYSICIAN CLINICIAN SPECIALTY REQUIREMENTS

- 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 REQUIREMENTS

### 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
  - o Depression and Bipolar Support Alliance
  - Georgia State Model
  - o Mental Health Association of Southeastern Pennsylvania
  - o NAZCARE
  - Recovery Innovations
  - Transformation Center
  - o Mountain States
  - Other (Any other training program on Peer Support Services must be submitted for review and approval by Optum prior to credentialing or contracting)

### AGENCY SPECIALTY REQUIREMENTS

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)

### COMMUNITY SUPPORT TEAM TREATMENT (CST)

- Must meet state requirements
- In Illinois, 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 (CSC)

- Must meet state requirements
- In Illinois, 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)

#### Requires certification in DRBI

### FUNCTIONAL FAMILY THERAPY (FFT)

• Must be certified by Institute for FFT, Inc.

AGENCY SPECIALTY REQUIREMENTS
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)
<ul> <li>Must have current license, issued by MST Services, to provide multi-systemic therapy</li> </ul>
OUTPATIENT SERVICES/CRISIS STABILIZATION
<ul> <li>Must have license from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for Outpatient Services/Crisis Stabilization for Virginia Medicaid</li> </ul>
PARTIAL HOSPITALIZATION PROGRAM
Must meet state criteria to provide community-based partial care