



Step by Step Guide to Complete the Optum Agency Application

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Our Network

[Click here for state-specific information](#)

Autism/ABA/BCBA Providers

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

[Click here to join](#)

Individually-Contracted Clinicians

To apply as an individual, you must be a solo clinician or practicing within a group that does not currently have a group agreement with Optum.

[Click here to join](#)

Facility or Hospital-Based

To apply for Facility or Hospital-Based, your facility must offer MH or SUD inpatient, Residential, Partial Hospitalization or Intensive Outpatient Levels of Care.

[Click here to join](#)

Group with Individually Credentialed Providers

To apply for group with individual credentialing, you must be part of a group that has a group agreement with Optum.

[Click here to join](#)

Group with Agency Credentialed Providers

To apply for Agency credentialing, your group must be designated as a Community Mental Health Center (CMHC), Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Opioid Treatment Program (OTP), and/or other Federally or State licensed or certified entity (license or certification is at the organizational level).

[Click here to join](#)

Learn more about our Specialty Network Requests

[Express Access](#)

[Virtual Visits](#)

Start by going to our website:
providerexpress.com

Click on “Our Network” on the top tool bar.

Click on the **Group with Agency Credentialed Providers** link to complete the Agency Application.



Group with Agency Credentialed Providers Required Information:

- Minimum Liability insurance of \$1 million/ \$3 Million for both General Liability and Professional Liability.
- A current state license or certificate for all services and locations where you offer services

Optum accepts the below accreditations. **If you are not accredited, a site audit will be required before the credentialing process will be complete**

- Accreditation Association for Ambulatory Health Care (AAAHC)
 - Accreditation Commission for Health Care, Inc. (ACHC)
 - Commission on Accreditation of Rehabilitation Facilities (CARF)
 - Community Health Accreditation Program (CHAP)
 - Center for Improvement in Healthcare Quality (CIHQ)
 - Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (DNV NIAHO)
 - Healthcare Facilities Accreditation Program (HFAP)
 - Joint Commission (TJC)
 - Council on Accreditation (COA)
- Medicaid and/or Medicare certification letters with applicable registration numbers
 - Current Professional and General Liability insurance certificates showing limits, policy number(s) and expiration date(s)
 - W9 form
 - Current Staff roster including license, taxonomy and NPI
 - Copies of the prescribers' DEA licenses are required



- Provider (Submitter) will go to Provider Express and click on the **Agency Application** link to complete the Agency Application. First complete the following questions to determine the type of agency:

- After clicking 'Continue', enter the following required identification information: Agency Tax ID Name, DBA Name (optional), Previous Name (DBA or Tax ID) (optional), Tax Identification Number, Credentialing Contact Email and Primary Practice State, then click "Save & Continue".

Optum/OptumHealth Behavioral Solutions of California
Agency Application - Identification Information

Important Note: Please use Chrome with this form. Internet Explorer is not recommended due to performance issues.

Answer the questions below to proceed:

Is your Group classified as a Federally Qualified Health Center (FQHC) provider?
--None--

Is your Group/Facility classified as a Medicaid Community Mental Health Center (CMHC) provider?
--None--

Is your agency/group classified as a Rural Health Center?
--None--

Is your organization or agency licensed as another federal or state designated entity?
--None--

[Continue](#)

Agency Tax ID Name

DBA Name

Previous Name (DBA or Tax ID)

Tax Identification Number

Credentialing Contact Email

Primary Practice State
--None--

[Save & Continue](#)



There are several important notes at the start of the application to assist with completion.



Optum/OptumHealth Behavioral Solutions of California Agency Application

IMPORTANT NOTE:

- Please click on each section below to display fields and complete.
- Also, please click on the "Save this section" button under each section right after completing the section before moving on to complete the next section

- Fields marked with ***** are mandatory to move forward
- Please complete fully. Incomplete forms will delay the response to this inquiry.
- Please be sure to have only ONE Network Participation Request Form window open at a time for each submission. Working the same submission in multiple windows at the same time will result in errors related to incorrect data overwriting correct data during the auto-save process.
- Acceptance into the Optum/OptumHealth Behavioral Solutions of California (Optum) provider network is contingent upon the applicant Agency's meeting our credentialing standards and subject to review and approval by the Optum Credentialing Committee. As a reminder, we consider accurate and up-to-date credentialing documents to be a vital part of maintaining a quality network. The need to keep this information current in our files means that we will approach you to request this documentation throughout the life of the contract between the parties. These requests can be expected approximately every 36 months. We understand that complying with this request can be time consuming, but it is required for your continued participation in our network. The information requested is required in order to comply with Optum's credentialing standards. Additionally, the information you provide will help ensure the accuracy of claims payment.

- **Optum Standard Age Ranges**
Geriatric -> 65+
Adult -> 18-64
Adolescent -> 13-17
Child -> 0-12
If your Agency age range differs from what is listed please indicate the ages treated in the space(s) provided.

i To select multiple values for fields that may require more than one selection, please hit "Ctrl" on your keyboard and select the values needed.



The Submitter will need to expand each section in order to complete them.

- Optum Standard Age Ranges
 - Geriatric -> 65+
 - Adult -> 18-64
 - Adolescent -> 13-17
 - Child -> 0-12

If your Agency age range differs from what is listed please indicate the ages treated in the space(s) provided.

To select multiple values for fields that may require more than one selection, please hit "Ctrl" on your keyboard and select the values needed.

▶ ORGANIZATIONAL PROVIDER IDENTIFYING INFORMATION

▶ ORGANIZATIONAL PROVIDER CONTACT INFORMATION

▶ ACCREDITATION

▶ LICENSURE / CERTIFICATION

▶ PRACTICE TYPES

▶ AGENCY DATA - PRIMARY PRACTICE SITE

▶ AGENCY DATA - ADDITIONAL PRACTICE LOCATION(S)

▶ LEGAL STATUS

▶ GENERAL / PROFESSIONAL LIABILITY

▶ DOCUMENTATION REQUIRED

Submit For Review Save & Exit



The red bar | highlights the required fields.

The downward arrow indicates a list to choose from.

The “Save this section” button is available in several areas for easy saving. Be sure to save each section as completed.

ORGANIZATIONAL PROVIDER IDENTIFYING INFORMATION

Legal Name Test1025	Primary Practice Site Address Line 1
Parent Company (if applicable)	Primary Practice Site Address Line 2
DBA (Identifying) Name	Primary Practice Site City
Administrative Address (Line 1)	Primary Practice Site State VA
Administrative Address (Line 2)	Primary Practice Site Zip
Administrative City	Tax Identification Number for primary practice 102510251
Administrative State --None--	NPI for primary practice
Administrative Zip	Taxonomy for Primary Practice Site
Administrative County	Billing/Remit Address (Line 1)
Administrative Phone	Billing/Remit Address (Line 2)
Admitting phone	Billing/Remit City
Secure Fax (for certifications)	Billing/Remit State --None--
Website	Billing/Remit Zip
Public Email	

Save this section



▸ ORGANIZATIONAL PROVIDER CONTACT INFORMATION

▾ Primary Contact

Primary Contact Name

Primary Contact Phone

Primary Contact E-mail Address

▾ Signatory Contact

Signatory Contact Name

Signatory Contact Phone

Signatory Contact E-mail Address

▾ Contracting Contact

Contracting Contact Name

Contracting Contact Phone

Contracting Contact E-mail Address

▾ Administrator/Roster Contact

Administrator / Roster Contact Name

Administrator / Roster Contact Phone

Administrator / Roster Contact E-mail Address

▾ Business Office Manager

Business Office Manager Name

Business Office Manager Phone

Business Office Manager E-mail Address

▾ Director of Clinical Services

Director of Clinical Services Name

Director of Clinical Services Phone

Director of Clinical Services E-mail Address

▾ Medical Director

Medical Director Name

Medical Director Phone

Medical Director E-mail Address

▾ Chief Executive Officer

Chief Executive Officer Name

Chief Executive Officer Phone

Chief Executive Officer E-mail Address

Save this section



ACCREDITATION

* If you do not have accreditation, a site visit will be required.

The Joint Commission Accreditation
 Applicable? --None--

COA Accreditation
 Applicable? --None--

CARF Accreditation
 Applicable? --None--

Please list other Accreditation(s) held by your organization
 Other Accreditations Applicable? --None--

AOA Accreditation
 Applicable? --None--

Save this section

ACCREDITATION

* If you do not have accreditation, a site visit will be required.

The Joint Commission Accreditation
 Applicable? Yes

COA Accreditation
 Applicable? No

Please list other Accreditation(s) held by your organization
 Other Accreditations Applicable? Yes

Issue Date [12/12/2019]
 Expiration Date [12/12/2019]

Additional fields will display if 'Yes' is selected.



▾ LICENSURE / CERTIFICATION

Does your State require a license for the levels of care you are providing?

--None--

Does the Organizational provider state licensure/certification include a site visit by the State?

--None--

If "Yes", please attach a copy of the audit completed by the State with this application.

Save this section

▾ LICENSURE / CERTIFICATION

Does your State require a license for the levels of care you are providing?

Yes

Add Licensure / Certification (Only include for the Level(s) of Care being added to contract)

ENTITY ISSUING LICENSE OR CERTIFICATIONS	TYPE OF LICENSE OR CERTIFICATION	LICENSE NUMBER	EXPIRATION DATES	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input data-bbox="2150 911 2186 931" type="button" value="+"/>

You must add at least one certification

Does the Organizational provider state licensure/certification include a site visit by the State?

--None--

If "Yes", please attach a copy of the audit completed by the State with this application.

Save this section



This section identifies the Agency as offering “Mental Health” services or “Substance Use Disorders” service.

The Agency also chooses the type(s) of service that is provided.

PRACTICE TYPES

Behavioral Health Home Type Behavioral Health Home Applicable? Yes	Outpatient Detox Clinic Outpatient Detox Clinic Applicable? --None--
Behavioral Health Type Mental Health Substance Use Disorder	Partial Care Partial Care Applicable? --None--
Community Mental Health Center (CMHC) CMHC Applicable? --None--	Peer Support Services Peer Agency Applicable? --None--
Community Residence Community Residence Applicable? --None--	Peer Run Organization Applicable? --None--
Community-based Service Agency Community-based Service Agency Applicable? --None--	Residential Detox Residential Detox Applicable? --None--
Community Service Board Community Service Board Applicable? --None--	Residential Substance Use Disorder Residential Substance Use Disorder Applicable? --None--
Continuing Day Treatment (CDT) CDT Applicable? --None--	Rural Health Clinic Rural Health Clinic Applicable? --None--
Early Intervention Specialist EIS Applicable? --None--	School-based Health Center School-based Health Center Applicable? --None--
Federally Qualified Health Center (FQHC) FQHC Applicable? --None--	State Licensed OP Clinic State Licensed OP Clinic Applicable? --None--
Indian Health Service Provider Indian Health Service Provider Applicable? --None--	CMHRS Applicable CMHRS Applicable? --None--
Intensive Psychiatric Rehabilitation Treatment Programs (IPRT) IPRT Applicable? --None--	
Methadone Maintenance Clinic Methadone Maintenance Clinic Applicable? --None--	
Outpatient Clinic Outpatient Clinic Applicable? --None--	

Save this section



▼ AGENCY DATA - PRIMARY PRACTICE SITE

> Primary Practice Site Information

Primary Practice Site Address Line 1

Primary Practice Site Phone

Primary Practice Site Address Line 2

Primary Practice Site Secure Fax

Primary Practice Site City

Tax Identification Number for Primary Practice Site

Primary Practice Site State

NPI for Primary Practice Site

Primary Practice Site Zip

Taxonomy for Primary Practice Site

Agency Medicare / Medicaid IDs for Primary Practice Site

Agency Medicare ID Number Applicable?

Agency Medicare Number for Primary Practice Site

Agency Medicare Number Issue Date

Agency Medicare Number Expiration Date

Agency Medicaid ID Applicable?



There is a long list of possible areas of expertise that the submitter can use to describe their services. Use the scroll down bar on the right side, hold down the CTRL button to choose more than one section from the pick list.

> Expertise(s) at Primary Practice Site

Expertise(s) at Primary Practice Site: Checking any of the clinical expertise listed below is a confirmation that this location has a provider(s) practicing within the scope of their license with the clinical training and education to provide these services. Please check all areas in which a provider(s) has training and experience and which you are willing to treat at this practice location.

- Abuse (physical/sexual, etc.)
- Acute Treatment Services (ATS) for Substance Use Disorders (ASAM Level 3.7) Disorders (ASAM Level 3.7)
- 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

Provide Other Expertise(s) if not listed above

Language(s) spoken by Clinicians at Primary Practice Site

Interpreter services available at Primary Practice Site (list languages)

Ethnicity(ies) of clinicians at Primary Practice Site

Gender(s) of clinicians at Primary Practice Site

- None
- Male
- Female

Telepsychiatry Services only, indicate if Primary Practice Site is Distant Site and/or Originating Site

- None
- Distant Site
- Originating Site

> Population(s) Treated at Primary Practice Site

Please select all the population(s) treated at Primary Primary Site

- Adult
- Adolescent
- Caregiver
- Child
- Couples/Marriage Therapy
- Family Therapy
- Group Therapy
- Geriatrics
- Inpatient



> Age Range(s) Served at Primary Practice Site

Geriatrics (65 years or more) served at Primary Practice Site?

--None--

Adolescent (13 - 17 years) served at Primary Practice Site?

--None--

Child (12 years or less) served at Primary Practice Site?

--None--

Adults (18 - 64 years) served at Primary Practice Site?

--None--

Degree, License and Certification Levels at Primary Practice Site

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

Specialized Outpatient Services at Primary Practice Site

Please include a description of the content and treatment modalities of any specialized outpatient services (Parenting groups, special populations, etc.) at Primary Practice Site

> Location Accessibilities at Primary Practice Site

Please select all conditions applicable to Primary Practice Site

Evening Appointments
TDD Capability
Public Transportation Access
Weekend Appointments

Please select if handicapped access is available at Primary Practice Site for the following

N/A
Building
Parking
Restroom



There are also several Specialties that the submitter can attest to. The application shows this grid which outlines the requirements to qualify to have each specialty listed.

Be sure to attach any required documents for a chosen specialty later in attachments.

This list is for Physician Specialties.

> THE INFORMATION CONTAINED HERE IN IS PROPRIETARY AND CONFIDENTIAL

Optum Specialty Attestation - Agency Primary Practice Site

Optum 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 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.

PHYSICIAN SPECIALTY REQUIREMENTS

Important note: Signature on the previous Specialty Attestation page is required for all applicants.

CHILD/ADOLESCENT (please specify all ages that you treat)

• Completion of an ACGME approved Child and Adolescent Fellowship OR recognized certification in Adolescent Psychiatry (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 (MAT)

• DEA registration certificate with the DATA 2000 prescribing identification number

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

• 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

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
• 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

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)

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

COORDINATED SPECIALTY CARE for FIRST EPISODE PSYCHOSIS (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

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)

• 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

INDIVIDUALIZED TREATMENT AND STABILIZATION (ITS)

• Must provide ASAM levels of care 3.5 and 3.7

NEUROPSYCHOLOGICAL TESTING – Psychologists Only

• 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 (2) years of supervised professional experience in Neuropsychological Assessment

MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT)

• State certificate, if applicable in your state

MEDICARE OPIOID TREATMENT PROGRAM

• Requires certification from the Substance Abuse and Mental Health Administration (SAMHSA) and DEA

NEUROPSYCHOLOGICAL TESTING

• Recognized certification in Neurology through the American Board of Psychiatry and Neurology
OR
• Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association

AND all of the following criteria:

• 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)

• 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)

• 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)

• Completion of all training related to use of FDA-cleared device(s) to be used in accordance with FDA-labeled indication

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



PSYCHOLOGISTS, NURSES AND MASTERS 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)

CERTIFIED EMPLOYEE ASSISTANCE PROFESSIONAL (CEAP)

- Certificate from the Employee Assistance Certification Commission

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

Certification in Addiction Counseling

- Completion of an APA or other accepted training in Addictionology
- OR
- Certification in Addiction Counseling
- AND one (1) or more of the following:
 - Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period
 - Evidence of at least twenty-five percent (25%) of practice experience in substance abuse

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
- In Illinois, must be certified to provide CST by the Illinois Department of Human Services' Division of Mental Health Code 140

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)

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

COORDINATED SPECIALTY CARE for FIRST EPISODE PSYCHOSIS (CSC)

- Must meet state requirements
- In Illinois, must be contracted with the Illinois Department of Human Services' Division of Mental Health to be FIP

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)

- Requires certification in DRBI

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

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

EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)

- Must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention
- Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator

EMPLOYEE ASSISTANCE PROFESSIONAL (EAP)

- 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 core competencies
- Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology

INDIVIDUALIZED TREATMENT AND STABILIZATION (ITS)

- Must provide ASAM levels of care 3.5 and 3.7

NEUROPSYCHOLOGICAL TESTING – Psychologists Only

- Completion of courses in Neuropsychology, including: Neuroanatomy, Neuropsychological Testing, Neuropsychological Assessment, and Neuropsychological Rehabilitation
- Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution
- AND
- Two (2) 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 Optum 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)

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

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

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 Optum prior to credentialing or contracting)



AGENCY

ASSERTIVE COMMUNITY TREATMENT (ACT): <ul style="list-style-type: none">• 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) <ul style="list-style-type: none">• Agency is licensed by the state to provide outpatient treatment for chemical dependency/substance abuse/substance use disorder
BUPRENORPHINE – MEDICATION ASSISTED TREATMENT (MAT) <ul style="list-style-type: none">• Entity level certification from Substance Abuse and Mental Health Services Administration (SAMHSA)
Community Support Team Treatment(CST) <ul style="list-style-type: none">• 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 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 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 list Episode Psychosis Treatment
FUNCTIONAL FAMILY THERAPY (FFT) <ul style="list-style-type: none">• Must be certified by Institute for FFT, Inc.
FUNCTIONAL FAMILY THERAPY – CHILD WELFARE (FFT-CW) <ul style="list-style-type: none">• Must have certification of FFT license with FFT-CW specialty issued by Institute for FFT, Inc.
HOMEBUILDERS – HOMEBUILDERS FAMILY PRESERVATION PROGRAM <ul style="list-style-type: none">• Must be certified by the Institute for Family Development (IFD)
MULTI-SYSTEMIC THERAPY (MST) <ul style="list-style-type: none">• Must have current license, issued by MST Services, to provide multi-systemic therapy
PARTIAL HOSPITALIZATION PROGRAM <ul style="list-style-type: none">• Must meet state criteria to provide community-based partial care

Requesting a Specialty Designation?

Physician Specialties being requested for at Primary Practice Site

- N/A
- Infant Mental Health (0-3 years)
- Preschool (0-5 years)
- Children (6-12 years)
- Adolescents (13-18 years)
- Geriatrics
- Buprenorphine - Medication Assisted Treatment (MAT). Submit DEA registration with the DATA 2000 prescribing identification number
- Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
- Cognitive Processing Therapy (CPT)

Non-Physician Specialties being requested for at Primary Practice Site

- N/A
- Infant Mental Health (0-3 years)
- Preschool (0-5 years)
- Children (6-12 years)
- Adolescents (13-18 years)
- Assertive Community Treatment (ACT) (requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit)
- Certified Employee Assistance Professional (requires CEAP certificate)
- Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
- Community Support Team Treatment(CST)

The bottom 2 boxes are where the submitter would click as many of the above Specialties as they qualify to provide.

Hold down the CTRL key to select more than one.



If none of the above Specialties apply to the Agency, click “No Specialties”.

Attest to the choices that were made.

The submitter then needs to list the licensed staff. Click the + sign to add additional rows for roster clinicians.

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 attest to 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.

I hereby attest to the Specialty Designation(s) selected above for Primary Practice Site

Printed Name of Authorized Agency Representative

Date

> Staff Roster Data for Primary Practice Site

Please provide all of the following information for licensed staff (in accordance with the license list for your state on www.providerexpress.com) who will be submitting claims. We do not require a copy of their license or certification. Non-licensed staff is not loaded individually by Optum and should not be included. Attach additional sheets as needed. If you have a roster for this location with all of the required data per location, you may attach it under the Document Attachment section.

LAST NAME	FIRST NAME	GENDER	LICENSE LEVEL	LICENSE/CERTIFICATION NO	NPI	TAXONOMY	MEDICAID ID	MEDICARE ID	
<input type="text"/>	<input type="text"/>	--None--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>

[Save this section](#)



Submitter has the option to select the number of additional practice locations needed. The application will expand according to the number selected.

▼ AGENCY DATA - ADDITIONAL PRACTICE LOCATION(S)

How many other Practice Location(s) needs to be added to this application?
1

AGENCY DATA - ADDITIONAL PRACTICE LOCATION -1

Additional Practice Location Information

Practice Address for this location Line 1	Practice Phone for this location
<input type="text"/>	<input type="text"/>
Practice Address for this location Line 2	Practice Secure Fax for this location
<input type="text"/>	<input type="text"/>
Practice City for this location	Tax Identification Number for this location
<input type="text"/>	<input type="text"/>
Practice State for this location	NPI for this location
--None--	<input type="text"/>
Practice Zip for this location	Taxonomy for this location
<input type="text"/>	<input type="text"/>

Agency Medicare / Medicaid IDs for this Practice Location

Agency Medicare ID Number Applicable for this location?
--None--

Agency Medicaid ID Applicable for this location?
--None--



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). 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:



Not applicable. All providers in this agency are MDs, Registered Nurses, Nurse Practitioners or Physician Assistants with prescriptive authority.



This agency provides Employee Assistance Program services.

By checking this box, I acknowledge that, as a contracted Optum agency, the agency supports and accepts Members who request an EAP appointment, in accordance with our Agreement.

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 a provider or providers in your agency meet the requirements of either of the two designations shown below, select the one(s) they meet. NOTE: neither of the two designations listed below is required in order to provide EAP services.



Certified Employee Assistance Professional



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

Save this section

LEGAL STATUS

Has the Organizational Provider or any party owning or controlling 5% or more of your company have knowledge of or been subject to disciplinary action, criminal/ethical investigations or convictions, such as but not limited to revocation, suspension or restriction of its license; Medicare/Medicaid provider status; certification or accreditation status (i.e., The Joint Commission, P.R.O., CARF, COA, AOA, etc...); bankruptcy, insolvency or assignment of creditor proceedings?

--None--

Save this section



Liability Insurance Requirements:

▾ GENERAL / PROFESSIONAL LIABILITY

Please attach current certificates for two types of liability insurance information. Optum insurance requirements are as follows:

For agency programs:

- Professional Liability
 - o \$1,000,000/\$3,000,000 minimum coverage

- Comprehensive General Liability
 - o \$1,000,000/\$3,000,000 minimum coverage

- Peer Run Organization
 - o \$1,000,000/\$1,000,000 minimum coverage (professional liability)
 - o \$1,000,000/\$1,000,000 minimum coverage (general liability)

If you are self-insured, we require the portion of the agency's independently audited financial statement which shows retention of the required amounts stated above.



The submitter can upload multiple documents under the same category (the system will allow multiple documents to be uploaded back-to-back)

- Hold down the CTRL key to select multiple options within a given field
- All uploaded documents need to be in the agency name, not an individual clinician name (e.g., submitting the LCSW license instead of the state license/certificate for the agency)
- Submitter must click ‘Save Files’ in order for the documents to attach to the form.

DOCUMENTATION REQUIRED

Follow these steps to attach documents to this application

1. Click on the "choose File" button for the file you want to Attach to the application
2. Select the needed file from your machine. Make sure the file appears next to the "Choose File" button
3. Click on the "Save Files" button to attach the documents to your application

Attached documents will display under the "Attached Documents" section. The size of individual document cannot be exceed 25MB

FILE DESCRIPTION	SELECT FILE
Current State License(s)/ Certificate(s) for all behavioral health services you provide, i.e. psychiatric, substance abuse, etc. Include all documentation for multiple practice locations	<input type="button" value="Choose File"/> No file chosen
The Joint Commission/ CARF/ AOA/ COA/ CHAP/ AAAHC/ CAH/ HFAP/ NIAHO/ ACHC Accreditation status	<input type="button" value="Choose File"/> No file chosen
Professional and General liability insurance certificates showing limits, policy number(s) and expiration date(s).	<input type="button" value="Choose File"/> No file chosen
Form W9 (if multiple tax ID numbers used, one W9 form must be submitted for each ID number)	<input type="button" value="Choose File"/> No file chosen

Other Documents

FILE DESCRIPTION	SELECT FILE
Staff Roster for all behavioral health staff involved with your programs. All data requested on the attached roster form is required. We do not need actual copies of staff's licenses or certifications.	<input type="button" value="Choose File"/> No file chosen
Daily Program Schedule(s) – include an hour-by-hour schedule showing a patient's daily treatment for each level of care you provide.	<input type="button" value="Choose File"/> No file chosen
Program Description – including any specialty program descriptions	<input type="button" value="Choose File"/> No file chosen
OP Clinic Attachment (if applicable)	<input type="button" value="Choose File"/> No file chosen
Medicare and/or Medicaid Certification Letter(s), if applicable	<input type="button" value="Choose File"/> No file chosen
Completed State Site Audit	<input type="button" value="Choose File"/> No file chosen

Policies and Procedures

FILE DESCRIPTION	SELECT FILE
Policy and Procedure on Intake/Access Process to Behavioral Medicine	<input type="button" value="Choose File"/> No file chosen
Quality Improvement Plan	<input type="button" value="Choose File"/> No file chosen
	<input type="button" value="Choose File"/> No file chosen
	<input type="button" value="Choose File"/> No file chosen



When all the required fields have been completed and documents attached, the submitter will attest to the accuracy of the application.

Submitter will have the option to click ‘Submit for Review’ if completed or ‘Save & Exit’ if you need to return to the form to complete it at a later time.

Certified Employee Assistance Professional

FILE DESCRIPTION	SELECT FILE
Certified Employee Assistance Professional	<input type="button" value="Choose File"/> No file chosen

Attached Documents

NAME	DESCRIPTION
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ACKNOWLEDGE AND CERTIFY

I hereby certify that all of the responses and information provided pursuant in this application are complete, true and correct to the best of my knowledge and belief. I further warrant that facility's applicable licensure(s) is current and free of sanction or limitation. I understand that facility is responsible for adherence to Optum's credentialing plan, clinical guidelines, and other processes and procedures as outlined at [providerexpress.com](#). I warrant that I have the authority to sign this application on behalf of the entity for which I am signing in representative capacity. I warrant that I (or my designee) have reviewed and will consistently review the hereby certify that all of the responses and information provided pursuant in this application are complete, true and correct to the best of my knowledge and belief. I further warrant that agency's applicable licensure(s) is current and free of sanction or limitation. I warrant that I have the authority to sign this application on behalf of the entity for which I am signing in representative capacity, level of care guidelines associated with services being credentialed. The level of care guidelines can be found at [providerexpress.com](#)

Attesting Individual Name (Submitter)

Submitter Title

Date
 [10/25/2021]

Acceptance into the Optum/OptumHealth Behavioral Solutions of California (Optum) provider network is contingent upon the applicant Agency meeting our credentialing standards and subject to review and approval by the Credentialing Committee. We consider accurate and up-to-date credentialing documents to be a vital part of maintaining a quality network will therefore approach you to request this documentation throughout the life of the contract between the parties. These requests can be expected approximately every 36 months. We understand that complying with this request can be time-consuming, but, in accordance with our credentialing standards, it is required for your continued participation in the Optum network. Importantly, the information you provide helps to ensure the accuracy of claims payment.



If any fields have been left blank when attempting to Submit, the errors will appear in red next to each missed field.

Error Message : Please review fields with missing values highlighted in red below and provide/enter value(s) for them.

ORGANIZATIONAL PROVIDER IDENTIFYING INFORMATION

Legal Name Riley Agency	Primary Practice Site Address Line 1 Error: You must enter a Value
Parent Company (if applicable)	Primary Practice Site Address Line 2
DBA (Identifying) Name	Primary Practice Site City Error: You must enter a Value
Administrative Address (Line 1) Error: You must enter a Value	Primary Practice Site State VA
Administrative Address (Line 2)	Primary Practice Site Zip Error: You must enter a Value
Administrative City Error: You must enter a Value	Tax Identification Number for primary practice 123445566
Administrative State --None-- Error: You must select a Value	NPI for primary practice Error: You must enter a Value
Administrative Zip Error: You must enter a Value	Taxonomy for Primary Practice Site
Administrative County Error: You must enter a Value	Billing/Remit Address (Line 1) Error: You must enter a Value
Administrative Phone	Billing/Remit Address (Line 2)



System Generated Emails

If the Agency needs to close out the application before finished, they will receive an email with a link to get back to the agency application to complete it.

After submission, the Agency will receive a confirmation email with a link to check on the status of their application.

Incomplete Agency Application

This message is being sent to provide you with a link to the incomplete Agency Application started for Ftouchesend Agency.

You can access the link below at any time to continue with application request.

[Click Here](#)

You can also get to this application by accessing the request link just like you did initially and entering needed information on the from.

Reference Number for this Request is : AgencyApp-000000043.

Agency Application

This message is to confirm the receipt of an Agency Application for Pdftest Agency.

You can check the status of your request by clicking the link below.

[Click Here](#)

Reference Number for this Request is : AgencyApp-000000773.

