

Clinical Expertise Checklist

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

- Complete and sign this form
- Submit this form to the Managed Care Organization Provider Portal, with your application.

Clinician Name: _____ CAQH # _____

Phone: _____ Fax: _____ State: _____ License: _____

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

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

Areas of Clinical Expertise

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

- | | |
|--|--|
| <input type="checkbox"/> Abuse (Physical, Sexual, etc.) | <input type="checkbox"/> Disability Evaluation/Management (submit the Memorandum of Understanding, located on providerexpress.com) |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Dissociative Disorders |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Electroconvulsive Therapy (ECT) |
| <input type="checkbox"/> Assessment and Referral – Substance Abuse | <input type="checkbox"/> Evaluation and Assessment – Mental Health |
| <input type="checkbox"/> Attention Deficit Disorders (ADHD) | <input type="checkbox"/> Eye Movement Desensitization & Reprocessing (EMDR) |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Feeding and Eating Disorders |
| <input type="checkbox"/> Bariatric/Gastric Bypass Evaluation | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Gay/Lesbian Identified Clinician |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Gay/Lesbian Issues |
| <input type="checkbox"/> Bisexual Issues | <input type="checkbox"/> Grief/Bereavement |
| <input type="checkbox"/> Blindness or Visual Impairment | <input type="checkbox"/> Health and Behavior Assessment and Intervention Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Hearing Impaired Populations |
| <input type="checkbox"/> Certified Pastoral Counselor | <input type="checkbox"/> HIV/AIDS/ARC |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Home Care/Home Visits |
| <input type="checkbox"/> Christian Counseling | <input type="checkbox"/> Hypnosis |
| <input type="checkbox"/> Co-Occurring Disorders Treatment (Dual Diagnosis) | <input type="checkbox"/> Independent/Qualified Medical Examiner |
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Community Integration Counseling | <input type="checkbox"/> Intellectual and Developmental Disability |
| <input type="checkbox"/> Community Self-Advocacy Training & Support | <input type="checkbox"/> Intensive Individual Support |
| <input type="checkbox"/> Compulsive Gambling | |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Developmental Disabilities | |
| <input type="checkbox"/> Dialectical Behavioral Therapy | |

Areas of Clinical Expertise (cont.)

- Learning Disabilities
- Long Term Care
- Long-Acting Injectable (LAI) Administrator
- Medical Illness/Disease Management
- Medicaid Opioid Treatment Program (OTP) – Physicians Only
- Medication Management
- Military/Veterans Treatment
- Mobile Mental Health Treatment
- Mood Disorder
- Multi-Systemic Therapy (MST)
- Naltrexone Injectable MAT
- Native American Traditional Healing Systems
- Nursing Home Visits
- Obsessive Compulsive Disorder
- Organic Disorders
- Pain Management
- Parent Support and Training
- Personality Disorders
- Phobia
- Physical Disabilities
- Police/Fire Fighters
- Positive Behavioral Interventions & Supports
- Post-Partum Depression
- Post-Traumatic Stress Disorder (PTSD)
- Psych Testing
- Psychotic/Schizophrenic Disorders
- Rape Issues
- Regional Behavioral Health Authority (RHBA)
- Relaxation Techniques
- School Based Services
- Serious Mental Illness
- Sex Offender Treatment
- Sexual Dysfunction
- Sleep-Wake Disorders
- Somatoform Disorders
- Targeted Case Management
- TBI Waiver – Case Management
- TBI Waiver – Community Integration Counseling
- TBI Waiver – Positive Behavior
- Transgender
- Trauma Therapy
- Traumatic Brain Injury
- Weapons Clearance
- Workers' Compensation

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

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

Attested Expertise

You must sign this document even if you are not requesting any of these specialty designations in your provider record. Additional training, experience, requirements, and/or outside agency approval is required for the following populations, professional certifications, and specialties. **Please review Specialty Requirements on pages 4-5.**

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

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

Physician Specialties	Non-Physician Specialties
<input type="checkbox"/> Child/Adolescent (please specify all ages that you treat) <input type="checkbox"/> Infant Mental Health (0-3 years) <input type="checkbox"/> Preschool (0-5 years) <input type="checkbox"/> Children (6-12 years) <input type="checkbox"/> Adolescents (13-18 years) <input type="checkbox"/> Geriatrics <input type="checkbox"/> Buprenorphine – Medication Assisted Treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number) <input type="checkbox"/> Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD) <input type="checkbox"/> Cognitive Processing Therapy (CPT) <input type="checkbox"/> Early Intervention Provider (Virginia Medicaid Only – submit applicable certification) <input type="checkbox"/> Medicaid Office-Based Opioid Treatment Program (OBOT) <input type="checkbox"/> Neuropsychological Testing <input type="checkbox"/> Prolonged Exposure (PE) <input type="checkbox"/> Substance Abuse Expert (submit Nuclear Regulatory Commission qualification training certificate) <input type="checkbox"/> Transcranial Magnetic Stimulation (TMS)	<input type="checkbox"/> Child/Adolescent (please specify all ages that you treat) – <i>Psychologists only</i> <input type="checkbox"/> Infant Mental Health (0-3 years) <input type="checkbox"/> Preschool (0-5 years) <input type="checkbox"/> Children (6-12 years) <input type="checkbox"/> Adolescents (13-18 years) <input type="checkbox"/> Certified Employee Assistance Professional (submit CEAP certificate) <input type="checkbox"/> Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD) <input type="checkbox"/> Cognitive Processing Therapy (CPT) <input type="checkbox"/> Critical Incident Stress Debriefing (submit CISD certificate) <input type="checkbox"/> Early Intervention Provider (Virginia Medicaid Only – submit applicable certification) <input type="checkbox"/> Employee Assistance Professional <input type="checkbox"/> Neuropsychological Testing – <i>Psychologists only</i> <input type="checkbox"/> Nurses and Physician Assistants – Buprenorphine – Medication Assisted Treatment (MAT) (submit certification email from DEA) <input type="checkbox"/> Nurses–Prescriptive Privileges (submit ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based upon state requirement) <input type="checkbox"/> Prolonged Exposure (PE) <input type="checkbox"/> Substance Abuse Expert (submit Nuclear Regulatory Commission qualification training certificate) <input type="checkbox"/> Substance Abuse Professional (submit Department of Transportation certificate) <input type="checkbox"/> Veterans Administration Mental Health Disability Examination – <i>Psychologists only</i>

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

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

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

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

I acknowledge that I have read the Agreement, Care Provider Manuals, and, if applicable for my state, the State Regulatory Attachment and/or Medicaid Regulatory Attachment.

Printed Name of Applicant: _____

Signature of Applicant _____

Signature stamps are not accepted.

Important Note: Signature on the above Attested Expertise page is required of all applicants

PHYSICIAN SPECIALTY REQUIREMENTS
<p>CHILD/ADOLESCENT:</p> <ul style="list-style-type: none"> Completion of an ACGME approved Child and Adolescent Fellowship OR recognized certification in Child Psychiatry (This specialty includes Infants, Preschool, Children and Adolescents)
<p>GERIATRICS:</p> <ul style="list-style-type: none"> Completion of an ACGME approved Geriatric Fellowship OR recognized certification in Geriatric Psychiatry
<p>BUPRENORPHINE – MEDICATION ASSISTED TREATMENT:</p> <ul style="list-style-type: none"> DEA registration certificate with the DATA 2000 prescribing identification number
<p>CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER:</p> <ul style="list-style-type: none"> Completion of an ACGME Board certification in addiction psychiatry OR certified by the American Society of Addiction Medicine (ASAM)/renamed American Board of Addiction Medicine (ABAM)
<p>COGNITIVE PROCESSING THERAPY (CPT):</p> <ul style="list-style-type: none"> Licensed mental health provider must complete training in CPT by approved trainer Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant
<p>EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)</p> <ul style="list-style-type: none"> Must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention services in accordance with 12 VAC 30-50-131 Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator
<p>MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT):</p> <ul style="list-style-type: none"> State certificate, if applicable in your state
<p>NEUROPSYCHOLOGICAL TESTING:</p> <ul style="list-style-type: none"> Recognized certification in Neurology through the American Board of Psychiatry and Neurology OR Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association <p>AND all of the following criteria:</p> <ul style="list-style-type: none"> State medical licensure specifically allows for provision of neuropsychological testing service; Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested; Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.
<p>PROLONGED EXPOSURE (PE):</p> <ul style="list-style-type: none"> Licensed mental health provider must complete training in PE by approved trainer Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant
<p>SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC):</p> <ul style="list-style-type: none"> Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc, Program Services, and SAPAA)
<p>TRANSCRANIAL MAGNETIC STIMULATION (TMS)</p> <ul style="list-style-type: none"> Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications
PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS
<p>CHILD/ADOLESCENT – Psychologists Only:</p> <ul style="list-style-type: none"> Completion of an APA approved or other accepted training/certification program in Clinical Child Psychology (This specialty includes Infants, Preschool, Children and Adolescents)
<p>CERTIFIED EMPLOYEE ASSISTANCE PROFESSIONAL (CEAP):</p> <ul style="list-style-type: none"> Certificate from the Employee Assistance Certification Commission
<p>CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER:</p> <ul style="list-style-type: none"> Completion an APA or other accepted training in Addictionology <p>OR</p> <ul style="list-style-type: none"> Certification in Addiction Counseling <p>AND one (1) or more of the following:</p> <ul style="list-style-type: none"> Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period Evidence of twenty-five percent (25%) practice experience in substance abuse
<p>COGNITIVE PROCESSING THERAPY (CPT):</p> <ul style="list-style-type: none"> Licensed mental health provider must complete training in CPT by approved trainer Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant
<p>CRITICAL INCIDENT STRESS DEBRIEFING:</p> <ul style="list-style-type: none"> Certificate of CISD training from American Red Cross or Mitchell model Documentation of training and CEU units in the provision of CISD services
<p>EARLY INTERVENTION PROVIDER (Virginia Medicaid Only)</p> <ul style="list-style-type: none"> Must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention services in accordance with 12 VAC 30-50-131 Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Service Coordinator

PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS (cont.)

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 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 (2) 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 Optum application above

PROLONGED EXPOSURE (PE):

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

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

- To qualify as an SAE for the NRC, you must possess one of the following credentials:
- Licensed or certified social worker
- Licensed or certified psychologist
- Licensed or certified employee assistance professional
- Certified alcohol and drug abuse counselor - The NRC recognizes alcohol and drug abuse certification by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA).

AND

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

SUBSTANCE ABUSE PROFESSIONAL (SAP):

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

VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – Psychologists Only:

- Graduate of an American Psychological Association accredited university (qualification counts even if accreditation occurred after date of graduation)
- Wheelchair accessible office
- PC user (Macintosh/Mac computers do not interface with the testing software used in the Disability Examination)
- Agree to participate in initial and annual training programs as required by LHI
- Agree to offer appointments within 10 to 14 days of the request for services
- Agree that beneficiary will not wait longer than 20 minutes in the office before being tested