

Behavioral Health Provider Enrollment Form

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|---|--------------------------------------|--|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> LPC | <input type="checkbox"/> Peer support specialist (LGE) |
| <input type="checkbox"/> Medical psychologist | <input type="checkbox"/> LAC | <input type="checkbox"/> Nonlicensed |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> APRN/CNS/PA | |
| <input type="checkbox"/> LCSW | <input type="checkbox"/> BCBA | |

Legal/W-9 name:			
Group/DBA name:			
Individual name:			Title:
DOB:	Gender:	Medical license number:	State:
Ethnicity:		Race:	
Primary specialty:		Secondary specialty:	
Date of hire:	Degree level: <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Less than Bachelor's		
CPST: <input type="checkbox"/> Licensed mental health professional <input type="checkbox"/> Provisionally licensed professional counselor <input type="checkbox"/> Provisionally licensed marriage and family therapist <input type="checkbox"/> Licensed master social worker <input type="checkbox"/> Certified social worker <input type="checkbox"/> Psychology intern from an American Psychological Association approved internship program		PSR: <input type="checkbox"/> Counseling <input type="checkbox"/> Social work <input type="checkbox"/> Psychology <input type="checkbox"/> Sociology <input type="checkbox"/> Rehabilitation services <input type="checkbox"/> Special education <input type="checkbox"/> Early childhood education <input type="checkbox"/> Secondary education <input type="checkbox"/> Family and consumer sciences <input type="checkbox"/> Criminal justice <input type="checkbox"/> Human growth and development	

Locations			
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary		(Complete a separate form for each location and mark Primary or Secondary)	
Address:			
City:	State:	ZIP:	Parish:
Phone number:		Fax number:	
Email:			
Add to existing practice/group: <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Date:	
Do you want to be listed in the provider directory?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you offer telehealth services?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office hours: Mon:	Tues:	Wed:	Thurs: Fri: Sat/Sun:
Accepting new patients: <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient ages seen:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
<input type="checkbox"/> Serve members with behavioral health and developmental disabilities including autism			
Languages in which you or staff are fluent for medical care:			
Contact name:		Email:	
Phone number:		Fax number:	
Remit address:			
Remit phone:		Remit fax:	
Credentialing address:		Email:	
Credentialing phone:		Credentialing fax:	



Important billing numbers	
Individual Medicaid:	Group Medicaid:
Individual NPI:	Group NPI:
Individual Medicare:	Group Medicare:
Individual taxonomy:	Group taxonomy:
Individual tax ID (TIN):	Group tax ID (TIN):
CLIA certification type: <input type="checkbox"/> Waived <input type="checkbox"/> Microscopic <input type="checkbox"/> Moderate-level certification	
CLIA certification number:	
CAQH credential number:	Louisiana credentialing application: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach copy of application to contract.)

CAQH, Council for Affordable Quality Healthcare Inc.; CLIA, Clinical Laboratory Improvement Amendments.

Only check level of care approved on HSS license

Please select the appropriate level of care

- | | | |
|--|---|---|
| <input type="checkbox"/> ASAM ambulatory detox — outpatient | <input type="checkbox"/> Assertive community treatment (ACT) | <input type="checkbox"/> Outpatient eating disorder |
| <input type="checkbox"/> ASAM Level 1 — outpatient substance use (SU) disorder | <input type="checkbox"/> Applied behavior analysis (ABA) | <input type="checkbox"/> Outpatient emergency room |
| <input type="checkbox"/> ASAM Level 2-WM — ambulatory withdrawal management with extended onsite monitoring | <input type="checkbox"/> Behavioral health FQHC | <input type="checkbox"/> Parent-child interaction therapy (PCIT) |
| <input type="checkbox"/> ASAM Level 2.1 — intensive outpatient | <input type="checkbox"/> Community psychiatric supportive treatment (CPST) | <input type="checkbox"/> Peer support specialist |
| <input type="checkbox"/> ASAM Level 3.1 — clinically managed low-intensity (halfway house) – adults | <input type="checkbox"/> Child-parent psychotherapy (CPP) | <input type="checkbox"/> Preschool PTSD treatment (PPT) |
| <input type="checkbox"/> ASAM Level 3.1 — clinically managed low-intensity (halfway house) – adolescent | <input type="checkbox"/> Crisis intervention (CI) | <input type="checkbox"/> Psychiatric outpatient |
| <input type="checkbox"/> ASAM Level 3.2-WM — clinically managed residential social withdrawal – adolescent | <input type="checkbox"/> Crisis stabilization – adult | <input type="checkbox"/> Psychosocial rehabilitation (PSR) |
| <input type="checkbox"/> ASAM Level 3.2-WM — clinically managed residential social withdrawal – adults | <input type="checkbox"/> Crisis stabilization – pediatric | <input type="checkbox"/> Psychiatric residential treatment facility (PRTF) |
| <input type="checkbox"/> ASAM Level 3.3 — clinically managed population-specific high-intensity residential treatment – adult | <input type="checkbox"/> Family functional therapy (FFT) | <input type="checkbox"/> Short-term respite care |
| <input type="checkbox"/> ASAM Level 3.5 — clinically managed medium-intensity residential treatment – adolescent | <input type="checkbox"/> Family functional therapy through child welfare (FFT-CW) | <input type="checkbox"/> Supportive living community residential crisis bed |
| <input type="checkbox"/> ASAM Level 3.5 — clinically managed medium-intensity residential treatment – adult | <input type="checkbox"/> Homebuilder | <input type="checkbox"/> Trauma-focused cognitive behavioral therapy (TF-CBT) |
| <input type="checkbox"/> ASAM Level 3.7 — medically monitored high-intensity inpatient treatment – adult (residential setting) | <input type="checkbox"/> Inpatient electroconvulsive therapy (ECT) | <input type="checkbox"/> Therapeutic group home (TGH) — psychiatric |
| <input type="checkbox"/> ASAM Level 3.7-WM — medically monitored inpatient withdrawal management – adult (residential setting) | <input type="checkbox"/> Outpatient ECT | <input type="checkbox"/> Triple P — standard level 4 |
| | <input type="checkbox"/> Inpatient psychiatric hospital | <input type="checkbox"/> Youth PTSD treatment (YPT) |
| | <input type="checkbox"/> Multi-systemic therapy for adolescents (MST) | <input type="checkbox"/> Mobile crisis response (MCR) |
| | <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Community brief crisis support (CBCS) |
| | <input type="checkbox"/> Medication-assisted treatment program (MAT) | <input type="checkbox"/> Behavioral health crisis care (BHCC) |
| | <input type="checkbox"/> Opioid treatment program | <input type="checkbox"/> Individual placement and support (IPS) |
| | <input type="checkbox"/> Eye movement desensitization and reprocessing therapy (EMDR) | <input type="checkbox"/> Rural health centers (RHC)/Federally qualified health centers (FQHC) |



- Persons w/ serious mental illness (SMI)
- HIV/AIDS substance users
- Geriatric
- Child/adolescent at risk for serious emotional disturbance (SED)/SMI
- Co-occurring mental illness (MI)/SU
- Homebound persons
- Child/adolescent substance users
- Co-occurring MI/mental retardation (MR)
- Homeless persons
- Pregnant with children with addiction
- Co-occurring MR/SU
- Adult substance users
- IV drug users with addiction
- Complex medical/SU issues

Practice population

- Gay/lesbian/bisexual/transgender
- Faith-based/spiritual
- African American
- Hispanic/Latino
- Deaf/hearing-impaired

Other interests/areas of specialization

- Co-occurring MH/SU
- Trauma or physical/sexual abuse issues
- Adolescent — sexual offenders
- Sexual disorders/dysfunction
- Neuropsychological testing
- Adults — sexual offenders
- Family/couples therapy
- Psychological testing
- Play therapy
- Pain management
- Neuropsychological evaluation
- Domestic violence
- Dual MH/MR
- Dialectical behavioral therapy (DBT)

Agency name:

Individual name:

Credentials:

- | | |
|---|--|
| <input type="checkbox"/> CIT — Counselor-in-Training | <input type="checkbox"/> Non-licensed staff |
| <input type="checkbox"/> RAD — Registered Addiction Counselor | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> CAC — Certified Addiction Counselor | <input type="checkbox"/> Bachelor's degree |
| | <input type="checkbox"/> Less than bachelor's degree |

PSR — Psychosocial Rehabilitation — effective January 1, 2023

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|--|---|
| <input type="checkbox"/> Bachelor's degree | |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Secondary Education |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Family and Consumer Sciences |
| <input type="checkbox"/> Sociology | <input type="checkbox"/> Criminal Justice |
| <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Human Growth and Development |
| <input type="checkbox"/> Special Education | |
| <input type="checkbox"/> Less than bachelor's degree (Grandfathered) | |

CPST — Community Psychiatric Supports and Treatment — effective January 1, 2023

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|---|---|
| <input type="checkbox"/> PLPC — Provisionally Licensed Professional Counselor | <input type="checkbox"/> LMSW — Licensed Master Social Worker |
| <input type="checkbox"/> PLMFT — Provisionally Licensed Marriage and Family Therapist | <input type="checkbox"/> CSW — Certified Social Worker |
| | <input type="checkbox"/> Psychology Interim |
| | <input type="checkbox"/> Other |
- Required Documents needed:
- Completed Behavioral Health Attestation
 - Degree or transcript