

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"/> Assertive community treatment (ACT) |
| <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 | | |
| Assertive community treatment (ACT) | | Training completion date: | |
| Community psychiatric supportive treatment (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 | | Psychosocial Rehabilitation (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

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



Priority populations

- 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)