

# Behavioral Health Provider Enrollment Form

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

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		

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 (waived, microscopic, or moderate-level certification and number):	
CLIA cert type:	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.

# Behavioral Health Provider Enrollment Form

## 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 2.1 — intensive outpatient   | <input type="checkbox"/> Behavioral health FQHC                                    | <input type="checkbox"/> Parent-child interaction therapy (PCIT)               |
| <input type="checkbox"/> ASAM Level 3.1 — clinically managed low-intensity (halfway house) – adults                            | <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) – adolescent                        | <input type="checkbox"/> Child-parent psychotherapy (CPP)                          | <input type="checkbox"/> Preschool PTSD treatment (PPT)                        |
| <input type="checkbox"/> ASAM Level 3.2-WM — clinically managed residential social withdrawal – 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 – adults                         | <input type="checkbox"/> Crisis stabilization – adults                             | <input type="checkbox"/> Psychosocial rehabilitation (PSR)                     |
| <input type="checkbox"/> ASAM Level 3.3 — clinically managed population-specific high-intensity residential treatment – adult  | <input type="checkbox"/> Crisis stabilization – peds                               | <input type="checkbox"/> Psychiatric residential treatment facility (PRTF)     |
| <input type="checkbox"/> ASAM Level 3.5 — clinically managed medium-intensity residential treatment – adolescent               | <input type="checkbox"/> Family functional therapy (FFT)                           | <input type="checkbox"/> Short-term respite care                               |
| <input type="checkbox"/> ASAM Level 3.7 — medically monitored high-intensity inpatient treatment – adult (residential setting) | <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 3.7-WM — medically monitored inpatient withdrawal management – adult (residential setting) | <input type="checkbox"/> Homebuilder   | <input type="checkbox"/> Trauma focused cognitive behavioral therapy (TF-CBT®) |
|  | <input type="checkbox"/> Inpatient electroconvulsive therapy (ECT)                 | <input type="checkbox"/> Therapeutic group home (TGH) — psychiatric            |
|  | <input type="checkbox"/> Inpatient psychiatric hospital                            | <input type="checkbox"/> Triple P – standard level 4                           |
|  | <input type="checkbox"/> Multi-systemic therapy for juveniles (MST)                | <input type="checkbox"/> Youth PTSD treatment (YPT)                            |
|  | <input type="checkbox"/> Laboratory services                                       |  |
|  | <input type="checkbox"/> Medication-assisted treatment program (MAT)               |  |
|  | <input type="checkbox"/> Opioid treatment program                                  |  |

## Priority populations

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

## Practice population

- |   |  |
|---|--|
| <input type="checkbox"/> Gay/lesbian/bisexual/transgender | <input type="checkbox"/> Faith-based/spiritual |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Deaf/hearing-impaired |

## Other interests/areas of specialization

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Co-occurring MH/SU           | <input type="checkbox"/> Trauma or physical/sexual abuse issues | <input type="checkbox"/> Adolescent — sexual offenders        |
| <input type="checkbox"/> Sexual disorders/dysfunction | <input type="checkbox"/> Neuropsychological testing             | <input type="checkbox"/> Adults — sexual offenders            |
| <input type="checkbox"/> Family/couples therapy       | <input type="checkbox"/> Psychological testing                  | <input type="checkbox"/> Play therapy                         |
| <input type="checkbox"/> Pain management              | <input type="checkbox"/> Neuropsychological evaluation          | <input type="checkbox"/> Domestic violence                    |
| <input type="checkbox"/> Dual MH/MR                   | <input type="checkbox"/> African American                       | <input type="checkbox"/> Dialectical behavioral therapy (DBT) |