

NORTHEAST BEHAVIORAL HEALTH LLC

ADDENDUM TO COLORADO HEALTH CARE PROFESSIONAL CREDENTIALS APPLICATION

Before completing the application, please review the following summary of minimum criteria for consideration as a network provider.

PROVIDER ELIGIBILITY FOR NETWORK PARTICIPATION

A. Provider network includes:

Psychiatrists

Doctor of Medicine (MD) or Doctor of Osteopathy (DO).

Board certified or eligible in psychiatry as defined by the American Board of Psychiatry and Neurology.

Licensed to practice medicine in the State of Colorado.

Must possess a current Drug Enforcement Administration (DEA) certificate.

Completed a training program approved by American Council of Graduate Medical Education (ACGME) or Osteopathic approved training program in psychiatry.

Graduates of foreign medical schools must submit an Education Council for Foreign Medical Graduates (ECFMG) certificate.

Psychologists

Doctoral degree in psychology (PhD, EdD, PsyD) from an accredited college or university.

Licensed independently as a clinical psychologist at the highest level in the State of Colorado.

Social Workers

Master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education.

Licensed or certified to practice at the highest level of independent practice in the State of Colorado.

Psychiatric Nurses/Clinical Specialists (RNCS)

Master's degree in psychiatric nursing from an accredited college or university.
Licensed to practice as a nurse at the highest level of independent practice in the State of Colorado.

Other Clinicians - Licensed Marriage and Family Therapists Licensed Professional Counselors.

Master's degree in field from an accredited college or university.
Licensed or certified at the highest level of independent practice in the State of Colorado

B. Clinical Experience

All eligible providers must have a minimum of **three (3)** years post licensure experience in a mental health/substance abuse setting providing direct patient care.

C. Standards for Individual Practitioners

- Evidence of specialized training for non-traditional practitioner.
- Clinical privileges in good standing at the institution designated by the practitioner as the primary admitting facility, if applicable.
- No history of any professional liability claim that resulted in settlements or judgments paid by or on behalf of the practitioner.
- No history of professional disciplinary action by a hospital medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation.
- Clearance from the Child Abuse Registry for practitioners working with children.
- Absence of any felony conviction or other acts involving dishonest fraud, deceit or misrepresentation.
- Agreement to have any previous sanctions by Medicaid or Medicare reviewed.
- Clinical record keeping practices.
- Compliance with the policies and procedures of NBH, including utilization management, quality assurance and billing.

- Compliance with Rules and Regulation of the Colorado Public Mental Health System.
- Attestation of (1) lack of present illegal drug use, (2) full disclosure of history of loss of license, (3) reasons for inability to perform any essential functions, and (4) completeness and correctness of the application.
- Willingness to allow site visits.
- Access for persons with disabilities.

D. Availability

All providers must be accessible twenty-four (24) hours a day, seven (7) days a week or make other appropriate arrangements. Providers must agree to make his/her best effort to be available for appointments with the following guidelines:

Urgent appointments	within twenty-four (24) hours of a request
Routine appointments	within three (3) working days
Emergency appointments	on the day of the request

E. Professional Liability Coverage

Psychiatrists: \$1,000,000 per individual episode; \$3,000,000 aggregate
 All other Clinicians: \$1,000,000 per individual episode; \$1,000,000 aggregate

General Office Liability Insurance

\$1,000,000 per occurrence; \$3,000,000 general aggregate

G. Providers Rights

- The provider has a right to review his/her credentialing file.
- The provider has a right to correct erroneous information in his/her credentialing file.
- The provider has a right to the assurance of the confidentiality of all information collected in the credentialing process.

DOCUMENTATION

- Completed and signed Colorado Health Care Professional Credentials Application including Supplemental A and B (pages 26-27).
- Curriculum Vitae/Resume
- Certificate of Liability Insurance for General Office Liability & Professional Liability Insurance (must indicate policy period and coverage amounts).
- Current state license/certification.
- Colorado Department of Human Services Background Investigation Form **(Notarized and Witnessed)** Do **not** send the \$10.00 fee. (Required if you work with adolescents and/or children under the age of 18)
- Completed W-9 form (Request for Taxpayers Identification Number and Certification) for each practice location.

MDs/DOs only

- Current DEA certification (MDs, DOs only).
- Proof of Board certification (MDs, DOs only). If not board certified, proof of graduation from an approved psychiatric residency program.
- Education Council for Foreign Medical Graduates (ECFMG) certificate.

National Provider Identification Number (NPI): _____
 (If you do not have an NPI, please call the Enumerator at 1-800-465-3203)

Areas of Practice: Please indicate the percentage of patients from these categories with your practice and the percentage of time dedicated to these treatment modalities.

Population	% of Practice	Modality	% of Practice
Child 0-8	_____	Inpatient	_____
Adolescent 9-19	_____	Day Treatment	_____
Adult 20-65	_____	Outpatient	_____
Geriatric 65+	_____	Intensive Outpatient Programs	_____

Are you a MEDICARE provider? _____ yes _____ no
Do you accept Medicare assignment? _____ yes _____ no

CLINICAL EXPERTISE/SPECIALTIES

Please check the disorders that you are comfortable treating:

<input type="checkbox"/>	Adjustment Issues	<input type="checkbox"/>	Incest
<input type="checkbox"/>	Adoptive & Family Issues	<input type="checkbox"/>	Juvenile Delinquency
<input type="checkbox"/>	Affective Disorder	<input type="checkbox"/>	Life Management Issues
<input type="checkbox"/>	Alzheimer's Disease	<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Medical Issues
<input type="checkbox"/>	Anxiety/Phobic Disorder	<input type="checkbox"/>	Medical Stress
<input type="checkbox"/>	Assessment Evaluation	<input type="checkbox"/>	Mid-Life Issues
<input type="checkbox"/>	Attachment/Bonding Issues	<input type="checkbox"/>	Neuropsychological Testing
<input type="checkbox"/>	Attention Disorders	<input type="checkbox"/>	Obsessive/Compulsive
<input type="checkbox"/>	Bipolar Disorders	<input type="checkbox"/>	Older Adult Issues
<input type="checkbox"/>	Blended Families	<input type="checkbox"/>	Organic Brain Syndrome
<input type="checkbox"/>	Borderline Personality	<input type="checkbox"/>	Parent/Child Problems
<input type="checkbox"/>	Career Counseling	<input type="checkbox"/>	Parent/Child Problems V Y
<input type="checkbox"/>	Caregiver Support	<input type="checkbox"/>	Pedophile
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Personality/Character
<input type="checkbox"/>	Chemical Dependency	<input type="checkbox"/>	Physical Abuse
<input type="checkbox"/>	Child Abuse Issues	<input type="checkbox"/>	Physical Disabilities
<input type="checkbox"/>	Children of Alcoholics	<input type="checkbox"/>	Post Traumatic Stress
<input type="checkbox"/>	Chronic Pain/Somatic	<input type="checkbox"/>	Psychological Testing
<input type="checkbox"/>	Crisis Evaluation	<input type="checkbox"/>	Psychopharmacology
<input type="checkbox"/>	Critical Incident Stress	<input type="checkbox"/>	Schizophrenia & Psychotic
<input type="checkbox"/>	Depressive Disorders	<input type="checkbox"/>	School Problems
<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	Severe & Persistent M I
<input type="checkbox"/>	Diagnostic Evaluation	<input type="checkbox"/>	Severe Developmental
<input type="checkbox"/>	Dissociative Identity	<input type="checkbox"/>	Sexual Abuse
<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Sexual Disorders
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Sexual Offender
<input type="checkbox"/>	Domestic Violence Per	<input type="checkbox"/>	Sexual Perpetrator
<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Sleep Disorders
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Somatoform Disorder
<input type="checkbox"/>	Forensic	<input type="checkbox"/>	Stress Management
<input type="checkbox"/>	Foster Family Issues	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Gay/Lesbian Issues	<input type="checkbox"/>	Terminal Illness
<input type="checkbox"/>	Gender Identity Issues	<input type="checkbox"/>	Trauma
<input type="checkbox"/>	Grief/Loss	<input type="checkbox"/>	Victims Issues
<input type="checkbox"/>	Health Psychology	<input type="checkbox"/>	Vocational Assessment
<input type="checkbox"/>	Impulse Control Disorders	<input type="checkbox"/>	Women's Issues

MODALITY

Please check treatment modalities you use:

<input type="checkbox"/>	Art Therapy
<input type="checkbox"/>	Brief/Solution Focused
<input type="checkbox"/>	Child Play Therapy
<input type="checkbox"/>	Clinical Supervision
<input type="checkbox"/>	Cognitive-Behavioral Therapy
<input type="checkbox"/>	Couples
<input type="checkbox"/>	Dance Therapy
<input type="checkbox"/>	Dialectical Behavior
<input type="checkbox"/>	Divorce
<input type="checkbox"/>	EMDR
<input type="checkbox"/>	Experiential Therapy
<input type="checkbox"/>	Faith Based
<input type="checkbox"/>	Family
<input type="checkbox"/>	Group
<input type="checkbox"/>	Individuals
<input type="checkbox"/>	Medication Management
<input type="checkbox"/>	Music Therapy
<input type="checkbox"/>	Psychodrama
<input type="checkbox"/>	Recreational Therapy

FOCUS

Please check your focus areas:

<input type="checkbox"/>	Adolescent Therapy	<input type="checkbox"/>	Clinical Nurse Specialist w/ Prescription Ability
<input type="checkbox"/>	Adult	<input type="checkbox"/>	Clinical Nurse Specialist w/o Prescription Ability
<input type="checkbox"/>	Adult Access/Emergency	<input type="checkbox"/>	Couples
<input type="checkbox"/>	Adult Case Management	<input type="checkbox"/>	Dept. Youth Corrections
<input type="checkbox"/>	Adult Intensive Therapy	<input type="checkbox"/>	Director
<input type="checkbox"/>	Adult Outpatient Therapy	<input type="checkbox"/>	Families Together
<input type="checkbox"/>	Adult Residential Therapy	<input type="checkbox"/>	Family
<input type="checkbox"/>	Adult Vocational/Clubhouse	<input type="checkbox"/>	Forensic Psychology
<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Home & Community Based Services
<input type="checkbox"/>	BSRN	<input type="checkbox"/>	M.D.- Psychiatrist
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Child	<input type="checkbox"/>	Older Adult OP
<input type="checkbox"/>	Child & Family	<input type="checkbox"/>	OP Therapy w/Neurology Emphasis
<input type="checkbox"/>	Child & Family Therapy	<input type="checkbox"/>	Outpatient Therapy
<input type="checkbox"/>	Child ER Access	<input type="checkbox"/>	Parent/Child Problems
<input type="checkbox"/>	Child Outpatient Therapy	<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	Child Psychiatry	<input type="checkbox"/>	School Based Therapy
<input type="checkbox"/>	Christian Counseling	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Client Financial Advocate	<input type="checkbox"/>	Somatic Psychology
<input type="checkbox"/>	Clinical Management	<input type="checkbox"/>	Youth Resource Center

**CENTRAL REGISTRY OF CHILD PROTECTION INDIVIDUAL INQUIRY
(required if you work with adolescents or children under the age of 18)**

In order to comply with the State of Colorado, please fill out the attached Central Registry Individual Inquiry form. **Have the form notarized.**

On the back page is a release form which allows the State to report directly to NBH. If the form is not completed, the response from the State will be sent directly to you. Upon receipt, you will need to forward the original document to us and retain a copy for your records. Failure to respond may result in delays and/or denial of participation in our network.

The State requires a \$10.00 fee for the inquiry. **NBH will pay this fee.** You do not need to send a check with your application. Send the application to NBH and we will mail your Child Protection Inquiry with a check to the State.

EQUAL OPPORTUNITY ORGANIZATION

Northeast Behavioral Health LLC is an equal opportunity organization which does not discriminate on the basis of race, color, sex, national origin, religion, age, disability, or the veteran status in admission or access to, or treatment, or employment in, its programs and activities. Applicants who may have inquiries regarding our policy and procedures should contact the Provider Network Department.

RETURN COMPLETED APPLICATION TO

Northeast Behavioral Health LLC
Provider Network Department
1300 North 17th Avenue
Greeley, CO 80631

970-347-2360
Fax: 970-392-1354