



**ADHS/DBHS ATTESTATION
SPECIALTY CLINICALS AND PROVIDERS
PM Attachment 9.1.2**

**ADHS/DBHS ATTESTATION
SPECIALTY CLINICIANS AND PROVIDERS
Final Version 3/4/10**

I _____, attest that I meet the relevant education, professional licensing, certification, training and/or work experience requirements as found in the attachment:

“Assurance of the DBHS/TRBHA Methodology for Credentialing and Privileging Criteria for Specialty Clinician’s/Providers”

In order to qualify as a Specialty Clinician/Provider in the following area(s) (check as many as apply):

	<u>Child/Adolescent</u>	<u>Adult</u>
Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>
Sex Offender Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Sex Abuse Trauma	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Infant and Early Childhood Mental Health	<input type="checkbox"/>	
Dialectical Behavior Therapy		<input type="checkbox"/>

I am affiliated with the following Tribal/Regional Behavioral Health Agency (T/RBHA) and, if indicated, affiliated with a provider agency. I have provided my qualifying degree and date of completion as well as my license number (if applicable), the licensing body/agency and expiration date. I further understand that I must provide documentation of any and all areas of specialty education and/or training related to this attestation, upon request.

T/RBHA Name: _____ Provider Name (if applicable): _____

Degree: _____ Completion Date: _____

Arizona BBHE License Number: _____ Expiration Date: _____

Currently an Independent Biller? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, NPI Number: _____ AHCCCS Provider Type: _____ AHCCCS Provider ID Number: _____

Signature _____ Credential(s) _____ Date _____



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Assurance of the DBHS/TRBHA Methodology for Credentialing and Privileging Criteria for Specialty Clinicians/Providers

Specialization Area	Practitioner Type	Experience/Competency	Methodology
Developmental Disability	Physician (Allopathic) Physician (Osteopathic) Nurse Practitioner Physician Assistant Psychologist LCSW LMFT LPC LAC LMSW LAMFT	<p>Education: Documentation of 10 hours of continuing education credit in the last 3 years specific to working with developmental disabilities to <u>obtain initial</u> specialist designation</p> <p>Documentation of 8 hours of continuing education credit every 2 years specific to working with developmental disabilities to <u>maintain</u> specialist designation <u>AND</u></p> <p>Experience: Attestation of a minimum of 250 hours providing direct clinical services (Covered Services Categories: Treatment, Medical, and Inpatient Services) to individuals with developmental disabilities.</p> <p><i>Designation of Child/Adolescent vs. Adult specialist depends on primary age group provider has worked with and education obtained</i></p>	<p>Credentialing file</p> <p>Documentation of continuing education credit</p> <p>Signed Attestation Statement</p>
Sex Offender Treatment Sexually Acting Out Behavior	Physician (Allopathic) Physician (Osteopathic) Nurse Practitioner Physician Assistant Psychologist LCSW LMFT LPC LAC LMSW LAMFT	<p>Education: Documentation of 40 hours of continuing education credit in the last 3 years specific to sex offender treatment in the age-group served to <u>obtain initial</u> specialist designation</p> <p>Documentation of 20 hours of continuing education credit every 2 years specific to working with sex offenders in the age-group served to <u>maintain</u> specialist designation <u>AND</u></p> <p>Experience: Attestation of a minimum of 800 hours providing direct clinical services (Covered Services Categories: Treatment, Medical, and Inpatient Services) to individuals who have engaged in sexual offending behavior.</p> <p><i>Designation of Child/Adolescent vs. Adult specialist depends on primary age group provider has worked with and education obtained.</i></p>	<p>Credentialing file</p> <p>Documentation of continuing education credit (if applicable)</p> <p>Signed Attestation Statement</p>
Sex Abuse Trauma	Physician (Allopathic) Physician (Osteopathic) Nurse Practitioner Physician Assistant Psychologist LCSW LMFT LPC LAC LMSW LAMFT	<p>Education: Documentation of 20 hours of continuing education credit in the last 3 years specific to sexual abuse trauma in the age-group served to <u>obtain initial</u> specialist designation</p> <p>Documentation of 20 hours of continuing education credit every two years specific to sexual abuse trauma in the age-group served to <u>maintain</u> specialist designation <u>AND</u></p> <p>Experience: Attestation of a minimum of 400 hours providing direct clinical services (Covered Services Categories: Treatment, Medical, and Inpatient Services) to individuals who have suffered sexual abuse trauma plus 400 hours providing direct clinical services to individuals suffering from other trauma.</p> <p><i>Designation of Child/Adolescent vs. Adult specialist depends on primary age group provider has worked with and education obtained.</i></p>	<p>Credentialing file</p> <p>Documentation of continuing education credit</p> <p>Signed Attestation Statement</p>



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Substance Use Disorder Treatment	Physician (Allopathic) Physician (Osteopathic) Nurse Practitioner Assistant Psychologist LCSW LMFT LPC LAC LMSW LAMFT LISAC	<p>Education: Documentation of 20 hours of continuing education credit in the last 3 years specific to substance use disorder diagnosis, prevention, treatment and/or co-occurring psychiatric disorder in the age-group served to <u>obtain initial</u> specialist designation. Specific training in Motivational Interviewing and Stages of Change must be included.</p> <p>Documentation of 10 hours of continuing education credit every two years specific to substance use disorder diagnosis, prevention, treatment and/or co-occurring psychiatric disorder in the age-group served to <u>maintain</u> specialist designation. Specific training in Evidence Based Practice must be included.</p> <p><u>AND</u></p> <p>Experience: Attestation of a minimum of 250 hours providing direct clinical services (Covered Services Categories: Treatment, Medical, and Inpatient Services) to individuals with substance use disorders.</p> <p><i>Designation of Child/Adolescent vs. Adult specialist depends on primary age group provider has worked with and education obtained.</i></p>	Credentialing file Documentation of continuing education credit Signed Attestation Statement



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Specialization Area	Practitioner Type	Experience/Competency	Methodology
Infant and Early Childhood Mental Health (Birth - 5)	Physician (Allopathic) Physician (Osteopathic) Nurse Practitioner Physician Assistant Psychologist LCSW LMFT LPC LAC LMSW LAMFT	<p>Education: Graduate of Harris Institute Infant Mental Health program <u>OR</u> Infant Toddler Mental Health Association Endorsement for Culturally Sensitive, Relationship Focused Practice Promoting Infant Mental Health at Level 3 or 4 See www.itmhca.org <u>OR</u></p> <p>Documentation of 45 hours of continuing education credit in the last 3 years specific to infant and toddler mental health to <u>obtain initial</u> specialist designation. Training must include DC: 0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood and training in Child Development</p> <p>Documentation of 15 hours of continuing education credit every 2 years specific to infant and toddler mental health to <u>maintain</u> specialist designation</p> <p><u>AND</u> Experience: Attestation of a minimum of 800 hours providing direct clinical services (Covered Services Categories: Treatment, Medical, and Inpatient Services) to infants and toddlers. The 800 hours must include a minimum of 400 hours of clinical interventions, excluding assessment.</p> <p><u>OR</u></p> <p>Experience as required for Infant Toddler Mental Health Association Endorsement for Culturally Sensitive, Relationship Focused Practice Promoting Infant Mental Health at Level 3 or 4</p> <ul style="list-style-type: none"> ▪ Level 3- Master's or Post-Graduate Degree, 2 years post-master's work in the infant, early childhood and family field, 30 hours of specialized training, minimum of 50 clock hours of reflective supervision and/or consultation within a 2 year time frame ▪ Level 4-Master's, Post Graduate, Doctorate, Post Doctorate or MD, 3 years post-master's work in infant, early childhood and family field, 30 hours of specialized training, minimum 50 clock hours of reflective supervision and/or consultation within a 2 year time frame 	Credentialing file Documentation of continuing education credit (if applicable) Signed Attestation Statement
Dialectical Behavioral Therapy (DBT)	Physician (Allopathic) Physician (Osteopathic) Nurse Practitioner Physician Assistant Psychologist LCSW LMFT LPC LAC LMSW LAMFT	<p>Education: Certificate of Completion of 10 day/ 80 hour intensive training from Behavioral Tech <u>OR</u> Documentation of 40 hour DBT training for clinicians joining an existing DBT team <u>OR</u> Certificate of Completion from an established 40 DBT training program, with trainers and supervisors who have received the 10 day intensive training from Behavioral Tech</p> <p>Documentation of 12 hours of DBT training every 2 years to <u>maintain</u> specialist designation.</p> <p><u>AND</u></p> <p>Experience: Active participation in a weekly DBT Consultation group for attestation of a minimum 400 hours providing DBT.</p>	Credentialing file Signed Attestation Statement Documentation of continuing education credit