

Behavioral Health Subspecialty Checklist



(completed for *each* Behavioral Health practitioner to ensure appropriate referrals)

Ages treated (check all that apply):

- children (0 – 12 years) adolescents (13 – 18 years) adults (19 – 64 years) seniors (65+ years)

Please check all the areas where you have clinical training and experience AND are currently accepting referrals.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Abuse (physical, sexual, emotional) | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Medication assisted treatment (MAT): buprenorphine, suboxone, naltrexone injectable, etc. (submit DEA registration with the DATA 2000 prescribing identification number) | <input type="checkbox"/> Physical disabilities |
| <input type="checkbox"/> Adoption issues | <input type="checkbox"/> Eating disorders (anorexia/bulimia) | <input type="checkbox"/> Medicaid office-based opioid treatment program (OBOT) | <input type="checkbox"/> Play therapy |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Electroconvulsive therapy (ECT) | <input type="checkbox"/> Men's issues | <input type="checkbox"/> Postpartum depression |
| <input type="checkbox"/> Anxiety and panic disorders | <input type="checkbox"/> Eye movement desensitization and reprocessing (EMDR) | <input type="checkbox"/> Methadone maintenance | <input type="checkbox"/> Post-traumatic stress disorder (PTSD) |
| <input type="checkbox"/> Attention deficit disorders (ADHD) | <input type="checkbox"/> Family therapy | <input type="checkbox"/> Medication management | <input type="checkbox"/> Psychological testing |
| <input type="checkbox"/> Bariatric/gastric bypass evaluation | <input type="checkbox"/> Feeding and eating disorders | <input type="checkbox"/> Military/veterans' issues | <input type="checkbox"/> Psychotic/schizophrenic disorders |
| <input type="checkbox"/> Behavior modification | <input type="checkbox"/> Fetal alcohol syndrome | <input type="checkbox"/> Native American traditional healing systems | <input type="checkbox"/> Rape issues |
| <input type="checkbox"/> Behavioral issues/oppositional defiant disorder | <input type="checkbox"/> Foster care issues | <input type="checkbox"/> Neuropsychological testing | <input type="checkbox"/> Substance use and abuse issues |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Group therapy | <input type="checkbox"/> Nursing home visits | <input type="checkbox"/> Relaxation techniques |
| <input type="checkbox"/> Bipolar (manic-depressive) disorder | <input type="checkbox"/> Lesbian/gay/bisexual/transgender/queer (LGBTQ) issues | <input type="checkbox"/> Obsessive-compulsive disorder | <input type="checkbox"/> Sexual dysfunction |
| <input type="checkbox"/> Christian counseling | <input type="checkbox"/> Grief/bereavement | <input type="checkbox"/> Pain management | <input type="checkbox"/> Sleep-wake disorders |
| <input type="checkbox"/> Compulsive gambling | <input type="checkbox"/> Health and behavior assessment | <input type="checkbox"/> Parent support and training | <input type="checkbox"/> Somatoform disorders |
| <input type="checkbox"/> Depression and mood disorders | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Parent-child evaluation | <input type="checkbox"/> Spravato™ (esketamine) (prescribers only) |
| <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> HIV/AIDS/ARC | <input type="checkbox"/> Personality disorders | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Dialectical behavioral therapy | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Phobias | <input type="checkbox"/> Telehealth (Telehealth Provider Attestation must be signed) |
| <input type="checkbox"/> Disability evaluation | <input type="checkbox"/> Infertility issues | | <input type="checkbox"/> Transcranial magnetic stimulation (TMS) |
| <input type="checkbox"/> Dissociative disorders | <input type="checkbox"/> Learning disabilities | | <input type="checkbox"/> Trauma therapy |
| <input type="checkbox"/> Divorce/blended family issues | <input type="checkbox"/> Long-acting injectable (LAI) administration | | <input type="checkbox"/> Women's issues |
| | | | <input type="checkbox"/> Other: _____ |

I hereby attest that all of the information above is true and accurate to the best of my knowledge. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the network.

Print name of applicant:	Signature of applicant:	Date: