

# 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.**

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|--|--|---|--|
| <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:
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