



## Provider Designation Checklist - Behavioral Health

**Provider Instructions:** Please select the services that apply to your facility, organization or practice. For those services that are designated with an asteric (\*), please provide documentation (e.g. licensure, certification, accreditation, etc.) verifying you/ your provider organization's ability to provide such services.

Provider Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Provider TIN: \_\_\_\_\_

\*Copies of all applicable state and/or federal requirements for licensing, certifications, and/or accreditations must be submitted to verify this service.

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
<b>Behavioral Health Facilities/Treatment Foster Care</b>					
	204	Hospital, Psychiatric Unit in a General Acute Hospital			
	205	Hospital, Psychiatric			
	216	Residential Treatment Ctr, Accredited			Additional Documents Needed
			260	Juvenile ARTC for BH	Additional Documents Needed
				Residential substance abuse treatment	Additional Documents Needed
			261	Adult ARTC SUD	Additional Documents Needed
				Alcohol and Substance Services	
				Children in State Custody	
			262	Qualified Residential Treatment Program Residential Shelter Care Facilities for Children	CYFD Approval Letter
	217	Residential Treatment Center, not Joint Commission certified			Additional Documents Needed
				Residential substance abuse treatment	Additional Documents Needed
				Alcohol and Substance Services	
				Children in State Custody	
	218	Treatment Foster Care Agency			Additional Documents Needed

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
	219	Residential Treatment Center, Group Home, not Joint Commission certified Group Home			Additional Documents Needed
				Residential substance abuse treatment	Additional Documents Needed
	221	Indian Health Services Hospital or Tribal 638			
			100	Hospital or Outpatient Clinic	IHS Certification or Tribal 638 contract
			102	Dental	IHS Certification or Tribal 638 contract
			139	Mobile Resp and Stab Svcs	IHS Certification or Tribal 638 contract
			149	Mobile Crisis Team	IHS Certification or Tribal 638 contract
			246	CTC residential or both residential and non residential	HSD Letter
				Crisis Intervention Centers - Adult Crisis Center	
				Crisis Intervention Centers - Children Crisis Ctr	
				Crisis Intervention Centers - Mobile Crisis Unit	
				Mobile Crisis Teams	
				Children's Mobile Response and Stabilization	
				Children in State Custody	
			247	CTC Non-Residential Only	HSD Letter
				Crisis Intervention Centers - Adult Crisis Center	
				Crisis Intervention Centers - Children Crisis Ctr	
				Crisis Intervention Centers - Mobile Crisis Unit	
				Mobile Crisis Teams	
				Children's Mobile Response and Stabilization	
				Children in State Custody	

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
				Crisis Intervention Centers - Mobile Crisis Unit	
				Mobile Crisis Teams	
				Children's Mobile Response and Stabilization	
				Children in State Custody	
			139	Mobile Resp and Stab Svcs	CYFD Approval Letter
			149	Mobile Crisis Team	CYFD Approval Letter

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
		Clinics			
	313	Clinic Federally Qualified Health Center			
			193	Medical and Dental and Spec BH	
			194	Medical and Spec BH	
				Carelink Health Home*	HSD Certification
				CareLink NM	HSD Certification
				Supportive Housing*	HSD Certification
			190	School Based Health Center	
			139	Mobile Resp and Stab Svcs	CYFD Approval Letter
			149	Mobile Crisis Team	CYFD Approval
			192	Medical and Dental	CYFD Approval
	314	Clinic, Rural Health Medical, freestanding			
		Provides BH Services			
	315	Clinic, Rural Health Medical, hospital based			
		Provides BH Services			
	343	Opioid Treatment Center (OTC i.e. methadone clinic)			
	321	School-Based Health Center			
				Certified Community Behavioral Health Clinics	

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
	432	Behavioral Health Agency			
				Supervisory Certification (or Bil4Nils or Supervisory Protocol)*	BHSD Certification **
			081	Behavioral Management Services	
			082	Day Treatment Services	
			107	Comprehensive Community Support Service	BHSD Letter
			108	Intensive Out Patient	HSD Certification **
				MH Intensive Outpatient (mental health)	
				CD Intensive Outpatient (chemical dependency)	
				ED Intensive Outpatient (eating disorder)	
			130	Assertive Community Treatment	
			131	Multi-Systemic Therapy	
			132	Autism Disorder ABA Services	
			133	Evaluation and Therapies	
			135	Functional Family Therapy	HSD Letter
			136	Trauma-focused Cognitive Behavioral Therapy	HSD Letter
			137	Eye Movement Desensitization and Reprocessing	HSD Letter
			138	Dialectical Behavior Therapy	HSD Letter
			139	Mobile Resp and Stab Svcs	CYFD Approval Letter
			149	Mobile Crisis Team	CYFD Approval Letter
			251	Crisis Service Commun Provider	
				Carelink Health Home*	HSD Certification
				CareLink NM	HSD Certification

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
				Supportive Housing Support Services (as designated by HSD)*	HSD Certification
				Alcohol and Substance Services	
			139	Mobile Resp and Stab Svc	CYFD Approval Letter
			149	Mobile Crisis Team	CYFD Approval Letter

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
	433	Clinic, Mental Health Center - DOH Certified (CMHC)			
			080	Adult Psychological Rehabilitation Services	
			081	Behavioral Management Services	
			082	Day Treatment Services	
			107	Comprehensive Community Support Service	BHSD Letter
			108	Intensive Out Patient	HSD Certification **
				MH Intensive Outpatient (mental health)	
				CD Intensive Outpatient (chemical dependency)	
				ED Intensive Outpatient (eating disorder)	
			130	Assertive Community Treatment	
			131	Multi-Systemic Therapy	
			132	Autism Disorder ABA Services	
			133	Evaluation and Therapies	
			135	Functional Family Therapy	HSD Letter
			136	Trauma-focused Cognitive Behavioral Therapy	HSD Letter
			137	Eye Movement Desensitization and Reprocessing	HSD Letter

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
			138	Dialectical Behavior Therapy	HSD Letter
				Carelink Health Home*	HSD Certification
				CareLink NM	HSD Certification
				Supportive Housing*	HSD Certification
				Alcohol and Substance Services	

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
	446	Core Service Agency			
			080	Adult Psychological Rehabilitation Services	
			081	Behavioral Management Services	
			082	Day Treatment Services	
			107	Comprehensive Community Support Service	BHSD Letter
			108	Intensive Out Patient	HSD Certification **
				MH Intensive Outpatient (mental health)	
				CD Intensive Outpatient (chemical dependency)	
				ED Intensive Outpatient (eating disorder)	
			130	Assertive Community Treatment	
			131	Multi-Systemic Therapy	
			132	Autism Disorder ABA Services	
			133	Evaluation and Therapies	
				Carelink Health Home*	HSD Certification
				CareLink NM	HSD Certification
				Supportive Housing*	HSD Certification
				Alcohol and Substance Services	

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
			139	Mobile Resp and Stab Svcs	CYFD Approval Letter
			149	Mobile Crisis Team	CYFD Approval Letter

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
		Behavioral Health Practitioners			
	301	PHYSICIAN , MD	026	Psychiatry, Other	
			047	Psychiatry, Board Certified, Child/ Adolescent	
			050	Addictionologist	
			150	Autism Evaluation Provider (not applicable to a group)	
				Suboxone Certified	No SAMSHA certificaion required for physicians
				Telehealth ONLY	
				Telehealth Services	
	302	PHYSICIAN, DO	026	Psychiatry, Other	
			047	Psychiatry, Board Certified, Child/ Adolescent	
			050	Addictionologist	
			150	Autism Evaluation Provider (not applicable to a group)	
				Suboxone Certified	No SAMSHA certificaion required for physicians
				Telehealth ONLY	
				Telehealth Services	
	305	Physician Assistant			
				Suboxone Certified*	Non-physicians Verified at <a href="https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator">https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator</a>
	316	Nurse, Certified Nurse Practitioner (CNP)	097	Psychiatric	
				Suboxone Certified*	Non-physicians Verified at <a href="https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator">https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator</a>
				Telehealth ONLY	

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
				Telehealth Services	
	317	Nurse, Home Visit EPSDT PCA	Psychiatric RN		
	430	Behavioral Health Worker			
			098	Behavior Technician BCAT/RBT	
			113	Behavioral Management Service Worker	
			114	Peer Support Worker, Certified	
			115	Family Peer Support Worker, Certified	
			116	Community Support Worker	
			151	Board Certified Assistant Behavior Analyst	
			248	Psychiatric Nurse RN (not board certified)	
				Telehealth ONLY	
				Telehealth Services	
	431	Psychologist, (Ph.D., Ed.D., Psy.D.)			
			111	Not Certified for Prescribing	
			112	Certified for Prescribing	
			150	Autism Evaluation Provider (not applicable to a group)	
			135	Functional Family Therapy	HSD Letter
			136	Trauma-focused Cognitive Behavioral Therapy	HSD Letter
			137	Eye Movement Desensitization and Reprocessing	HSD Letter
			138	Dialectical Behavior Therapy	HSD Letter
				Telehealth ONLY	
				Telehealth Services	
			150	Autism Evaluation Practitioner (not applicable to a group)	



Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
	435	LPCC Licensed Professional Clinical Counselor	240	LPCC	
			135	Functional Family Therapy	HSD Letter
			136	Trauma-focused Cognitive Behavioral Therapy	HSD Letter
			137	Eye Movement Desensitization and Reprocessing	HSD Letter
			138	Dialectical Behavior Therapy	HSD Letter
	436	LMFT Licensed Marriage & Family Therapist	242	LMFT	
			135	Functional Family Therapy	HSD Letter
			136	Trauma-focused Cognitive Behavioral Therapy	HSD Letter
			137	Eye Movement Desensitization and Reprocessing	HSD Letter
			138	Dialectical Behavior Therapy	HSD Letter
				Telehealth ONLY	
				Telehealth Services	
	437	LMSW (Lic Mstr Lev Social Wkr)			
	440	LADAC or CADC	124	LADAC (Licensed Alcohol & Drug Abuse Counselor)	
			125	LSAA (Licensed Substance Abuse Associate)* (under supervision)	
			250	CADC	
				Alcohol and Substance Services	
				Telehealth ONLY	
				Telehealth Services	
	443	Psychiatric Clinical Nurse Specialist			
				Suboxone Certified*	Non-physicians Verified at <a href="https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator">https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator</a>
				Telehealth ONLY	
				Telehealth Services	

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
	444	Social Worker, LCSW (Licensed Clinical Social Worker)	244	LCSW	
			135	Functional Family Therapy	HSD Letter
			136	Trauma-focused Cognitive Behavioral Therapy	HSD Letter
			137	Eye Movement Desensitization and Reprocessing	HSD Letter
			138	Dialectical Behavior Therapy	HSD Letter
	445	Counselors, Therapists, and other Social Workers			
			058	LAMFF (Licensed Associate Marriage and Family Therapist) (under supervision)	
			086	Master's Level Psychologist (under supervision)	
			087	LMSW (Licensed Master's Level Social Worker) (under supervision)	
			088	Psychologist Associate under supervision	
			089	MA (Master of Arts (psychology related) under supervision)	
			099	Behavior Analyst Board Certified Behavior Analyst	
			119	LBSW (Licensed Baccalaureate Social Worker) (under supervision)	
			122	LMHC (Licensed Mental Health Counselor) (under supervision)	
			123	LPAT (Licensed Professional Art Therapist)	
			135	Functional Family Therapy	HSD Letter
			136	Trauma-focused Cognitive Behavioral Therapy	HSD Letter

Check box or leave blank	Medicaid Prov Type Code	Medicaid Provider Type Definition	Medicaid Provider Specialty Code	Medicaid Provider Specialty Definition/Services	Additional Documentation Needed
			137	Eye Movement Desensitization and Reprocessing	HSD Letter
			138	Dialectical Behavior Therapy	HSD Letter
			254	Master Level BH Intern	
			255	Psychology Intern	
			256	PreLicensure Psy Post Doctorat	
				Telehealth ONLY	
				Telehealth Services	

Required*	Additional Designations
	ECHO Care Participant
	ECHO Care Participant
	Intellectual Developmental Disabilities
	Traumatic Brain Injury
	Severe Emotional Disturbances
	Baby Friendly USA Designation Approved
	LGBTQ+
	Trauma Informed Care
	High-Fidelity Wrap

\* = Required fields - Yes or N/A

Check box or leave blank	ADA (to be completed contract entity)
	Ability to handle physical disability
	Accessible Grab Bars
	Accessible Lifts
	ADA Plus
	Audible Available
	Elevator Available
	Extra-large printed materials
	General Training
	Other Accessible Equipment
	Wheelchair accessible drinking fountains
	Wheelchair accessible hallways
	Wheelchair accessible service counters
	Wide doorways and passageways