

TYPE	SPECIALTY
11 – Mental Health Provider	108 - Licensed Master's Level Psychologist
	109 - Licensed Clinical Psychotherapist
	111 – Community Mental Health Center (CMHC)
	112 – Psychologist
	113- Intermediate Treatment Facility
	115- Licensed Mental Health Professional
	116 - Licensed Clinical Mental Health Professional
	121- Certified Community Behavioral Health Clinic
	122 – Non-CMHC Affiliate
	123 - SED
	124 – CMHC Partial Hospitalization
	125 – Home Based Family Therapy
	176 – Alcohol and Drug Rehabilitation
	232 – Behavior Management /PRTF
	239 – Positive Behavioral Support
	400 – Screening, Brief Intervention and Referral for Treatment
	403 – Consultative Clinical and Therapeutic Services
	404 – Intensive Individual Supports

State (FFS) Requirements:

All specialties- Signed and dated W9. (Within 1 year from receipt)

112,116,123,124,176,232, - License

111,121, KDADS License

111- Copy of CMHC License

113- KDADS-AAPS License/ Letter

112,125, Liability Insurance Declaration Page

112, 239- License from Kansas Behavioral Sciences Regulatory Board

115- master's degree

108- Masters Level Phycologist License (LMLP)

109- Licensed Clinical Psychologist License

121 ONLY- KDADS License/ New NPI not tied to an existing KMAP/KMMS Provider ID

121- KDADS CCBHC Approval Letter

122,123- Affiliated agreement (CMHC)

232- Approval Letter from the Kansas Department for Aging and Disability Services.

232- KDADS MH PRTF Letter

239,400 - Certificate of completion

403/404 - KBI, APS, CPS, Nurse Aid Registry and Motor Vehicle Screens

403- Board Certified Behavior Analyst, OR Board-Certified Behavior Analyst Doctoral, OR Board-Certified Behavior Analyst License

404- Registered Behavior Technician (RBT) OR Certificate Of Training Completion

MCO Credentialing Requirements:

176,232- Kansas Organization/ Provider Credentialing/ Recredentialing Application

All specialties- Copy of Declaration Sheet and/ or Certificate of Insurance (Professional Malpractice and Comprehensive General Liability Insurance Policies)

All specialties- Section 12 Attestation/ Consent and Release Form