

Empire Plan MHSA Program File Layout Specifications for the Offeror's Proposed MHSA Provider Network File

Instructions: Utilize this file layout to prepare Exhibit I.Y.2 of your technical proposal and submit on a CD. This file must include each Provider that you have an executed or contingent contract with for participation in the MHSA Network commencing on January 1, 2014. The providers listed in this file must be included in the MHSA Network implemented for the Program on 1/1/14 in accordance with Section IV.B.3.a(2)(a) "Implementation" and Section IV.B.10 "Network Management" of this RFP.

- 1) The Provider Tax ID is a number that represents a unique identifier of the contracting or bargaining entity. Place this identifier in Column 1 for each Network Provider included in this file.**

- 2) Enter the Provider Name, Street Address, City, State and five-digit zip code for each provider listed in this file in Columns 2 through 6.**

- 3) Include all Facilities, Alternative Levels of Care and the following Practitioner types:**
 - a. psychiatrist**
 - b. psychologist**
 - c. A licensed and registered clinical social worker with at least six years of post-degree experience who is qualified by the New York State Board for Social Work. In New York State, this is determined by the "R" number given to qualified social workers. If services are performed outside New York State the social worker must have the highest level of licensure awarded by that state's accrediting body.**
 - d. A Registered Nurse Clinical Specialist or psychiatric nurse/clinical specialist: Advanced Practice nurses hold a master's or doctoral degree in a specialized area of psychiatric nursing psychiatric nurse**
 - e. A Registered Nurse Practitioner: a nurse with a master's degree or higher in nursing from an accredited college or university, licensed at the highest level of nursing in the state where services are provided. Nurse Practitioners may diagnose, treat and prescribe for a patient's condition that falls within their specialty of practice. This must be done in collaboration with a licensed psychiatrist qualified in the specialty involved and in accordance with an approved written practice agreement and protocols**

f. A Certified Behavioral Analyst who provides covered services solely limited to diagnosed autism spectrum disorders.

g. Applied behavioral analysis or ABA Agency: An agency providing ABA services under the program oversight and direct supervision of a licensed provider and certified behavioral analyst.

4) Only include Providers who are accepting new patients.

5) Alternate Level of Care (ALOC) means residential treatment centers, halfway houses, group homes, partial hospitalization programs or continuing treatment programs which satisfy the requirements of an Approved Facility.

6) In Column 7 enter the Facility or Practitioner Licensure type, as follows:

MHF	Mental Health Facility
SAF	Substance Abuse Facility
MHALOC	Mental Health ALOC
SAALOC	Substance Abuse ALOC
PSYI	Psychiatrist
PSYCH	Psychologist
LCSW-R	Licensed Clinical Social Worker with "R" designation in NYS
CBA	Certified Behavioral Analyst Provider
ABA	Applied Behavioral Analysis Agency
RNP	Registered Nurse Practitioner
RNCS	Registered Nurse Clinical Specialist or psychiatric nurse/clinical specialist

7) In column 8 identify the contracting /credentialing status of the MHSA Network Provider by indicating the following:

"1" participating in 2014 Provider Network, fully contracted and credentialed as of Proposal Due date

"2" participating in 2014 Provider Network, contingent contract and/or not fully credentialed as of Proposal Due Date

8) Each Provider should be represented once at the primary location. If a provider practices at more than one location, include it in the primary location.

9) Return the file on CD using Microsoft Excel.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
Provider Tax ID	Provider Name	Street Address	City	State	Zip code	Facility Type or Licensure Type	Contracting / Credentialing Status (1 or 2)