

Mental Health and Substance Abuse Program for the Empire Plan, Excelsior Plan, Student Employee Health Plan RFP

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

Instructions: Utilize these file layouts to prepare Exhibit I.Y.2 of your technical proposal and submit on a CD using Microsoft Excel. Do not submit a paper copy. These files (one for facilities and one for practitioners) must include each Provider and Facility with whom you have an executed contract for participation in the MHSA Network commencing in 2015. The providers listed in this file must be included in the MHSA Network implemented for the Program in 2015 in accordance with Section IV.B.3.a(2)(a) "Implementation" and Section IV.B.10 "Network Management" of this RFP.

Facility File

Include all Facilities, Alternate Levels of Care and Outpatient Clinics in this file. 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.

- 1) The Provider Tax ID is a number that represents a unique identifier of the contracting entity. Place this identifier in column 1 for each Network Facility included in this file.
- 2) Enter the facility name in column 2. Enter the street address, city, state, five-digit zip code, county, specialty, area code, and local phone number for each facility listed in this file in Columns 3 through 10.
- 3) In Column 11 enter the Facility, ALOC, or Clinic type as follows:

MHF	Mental Health Facility
SAF	Substance Abuse Facility
MHSAF	Mental Health and Substance Abuse Facility
MH - OCC	Mental Health Outpatient Clinic Group
SA - OCC	Substance Abuse Outpatient Clinic Group
- 4) In column 12, please answer "Y" for Yes or "N" for No if the facility provides inpatient care.
- 5) In column 13, please answer "Y" for Yes or "N" for No if the facility provides Alternate Levels of Care.

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Practitioner File

Include the following Practitioner types in this file:

- a. psychiatrist
- b. psychologist
- c. A licensed clinical social worker who qualifies for the "R" certification in New York State. 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.
- 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 certified behavioral analyst.

- 1) The Provider Tax ID is a number that represents a unique identifier of the contracting entity. Place this identifier in column 1 for each Network Provider included in this file.
- 2) Enter the first name, last name, middle name, suffix, street address, city, state, five-digit zip code, county, specialty, area code and local phone number for each Network Practitioner listed in this file in columns 2 through 13.
- 3) In Column 14, enter "Y" for Yes if the Practitioner is Board Certified and "N" for No if the Practitioner is not Board Certified.

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- 4) In Column 15 enter the Practitioner Licensure type, as follows:

PSYI	Licensed Psychiatrist
PSYCH	Licensed Psychologist
MLC	Licensed Clinical Social Worker who qualifies for the "R" designation in NYS, Master's Level Clinician with the highest level of licensure in other states
CBA	Certified Behavioral Analyst Provider
ABA	Applied Behavioral Analysis Agency
MHSAP	Mental Health/Substance Abuse Practitioner - Other Prescriber

5) In Column 16, enter the Practitioner's License number.

6) In column 17, for any Practitioner listed as MLC or MHPA, enter the Practitioner's license subcategory, (i.e. LCSW-R, LCSW, APRN, NP, etc.).

Facilities												
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13
Provider Tax ID	Facility Name	Street Address	City	State	5-Digit Zip Code	County	Specialty	Area Code	Local Phone Number	Facility Type (Category)	Does this facility provide inpatient care?	Does this facility provide ALOC?

Practitioners																
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14	Column 15	Column 16	Column 17
Provider Tax ID	First Name	Last Name	Middle Name	Suffix	Street Address	City	State	5-Digit Zip Code	County	Specialty	Area Code	Local Phone Number	Board Certification	Practitioner Licensure Type (Category)	Practitioner License Number	MLC and MHPA Subcategory