



**Offeror's Proposed Provider Network Files - RFP entitled: "Mental Health and Substance Use (MHSU) Disorder Program"**

**File Layout Specifications for the Offeror's Proposed MHSU Practitioner and MHSU Facility Network Files**

**Instructions:** The Offeror must submit network files for MHSU practitioners and MHSU facilities. These files must include each provider and facility with whom you have an executed contract. The providers and facilities listed in this file must be included in the Network implemented for the Program in 2022 in accordance with the Mental Health and Substance Use (MHSU) Disorder Program Request for Proposal. The files need to be submitted on USB storage device using Microsoft Excel. Please do not submit paper.

**MHSU Providers**

**Provider Physical Address--NOT the Billing Address**

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12
Reference #	Tax ID	National Provider Identifier (if available)	Provider First Name	Provider Middle Initial	Provider Last Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider Office State	Provider Office 5-Digit ZIP Code	Specialty (Provider Type)
P1	123456789	9876543210	John	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	Substance Abuse Counselor

Include the following Practitioner types in this file: a. psychiatrist b. psychologist c. A licensed clinical social worker with or without the "R" designation 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.

- In Column 12, for Specialty (Provider Type) please enter the following: **PSYI** Licensed Psychiatrist, **PSYCH** Licensed Psychologist, **MLC** Licensed Clinical Social Worker with and without the "R" designation in NYS and Master's Level Clinician with the highest level of licensure in other states, **RNCS Registered Nurse Clinical Specialist** or **Psychiatric Nurse/Clinical Specialist**, **RNP Registered Nurse Practitioner**, **CBA** Certified Behavioral Analyst Provider, **ABAA** Applied Behavioral Analysis Agency, **MHSUP** Mental Health/Substance Use Practitioner - Other Prescriber, and **PA** Physician Assistant.



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**MHSU Facilities**

**Facility Physical Address--NOT the Billing Address**

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
Reference #	Tax ID	National Provider Identifier (if available)	Facility Name	Facility Office Address 1	Facility Office Address 2	Facility Office City	Facility Office State	Facility Office 5-Digit ZIP Code	Facility Type
F1	123456789	9876543210	XYZ Institution	100 Main Street	Suite 200	Anytown	NY	12345	Psychiatric Hospital

**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.**

- **In Column 10**, for Facility Type (Category) enter as follows: **MHF** Mental Health Facility, **SAF** Substance Use Facility, **MHSUF** Mental Health and Substance Use Facility, **MH - OCG** Mental Health Outpatient Clinic Group, **SA - OCG** Substance Use Outpatient Clinic Group.