



Unlicensed Mental Health and Substance Use Disorder Providers' Form (This form must be completed when enrolling unlicensed providers)

Applicant Name: _____

Section 1

This section applies to unlicensed providers working in mental health centers, substance use disorder treatment programs and other entities providing mental health/substance use disorder services

The following unlicensed individuals enrolling to provide mental health and/or substance use disorder services must complete this section:

- (1) unlicensed individuals enrolling to provide psychosocial rehabilitative services (PRS)- must enroll with Provider Type/Specialty/Subspecialty (PT/SP/SSP): Behavioral Health & Social Service Providers, Community Health Worker, No subspecialty.
- (2) students working toward licensure pursuant to Subsection 58-1-307(b) & (c) of the Utah Code, while engaged in activities constituting the practice of a regulated profession while in training in a recognized school approved by the Department of Commerce, Division of Occupational and Professional Licensing (DOPL)- must enroll with the taxonomy representing the profession in which the student will become licensed.
- (3) unlicensed individuals accruing DOPL-required hours for licensure as a social service worker (SSW) – must enroll with Provider Type/Specialty/Subspecialty (PT/SP/SSP): Behavioral Health & Social Service Providers, Social Service Worker, No subspecialty.
- (4) Unlicensed individuals enrolling to provide peer support services- must enroll with Provider Type/Specialty/Subspecialty (PT/SP/SSP): Behavioral Health & Social Service Providers, Peer Specialist, No subspecialty

1. ___ Enrolling to provide psychosocial rehabilitative services (PRS)

Name of organization where you work:

Supervisor's name:

Supervisor's NPI:

Supervisor's license type:

Signature of supervisor:

Date:

By submitting this form I attest that I have completed or will complete within 60 days of being hired the training specified in the Utah Medicaid Provider manual that covers the mental health or substance use disorder services I will provide. See the section *Training Requirements for Other Trained Individuals* in the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services.

2. ___ Enrolling as a student working toward licensure pursuant to Subsection 58-1-307 (b) & (c) of the Utah Code while engaged in activities constituting the practice of a regulated profession while in training in a recognized school approved by DOPL

Name of organization where you work:

Licensure you will obtain upon completion of schooling:

Name of the school/university in which you are enrolled:

Supervisor's name:

Supervisor's NPI:

Supervisor's license type:

Signature of supervisor:

Date:

By submitting this form I attest that pursuant to Subsection 58-1-307(1)(b) & (c) of the Utah Code, I am a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by the division (DOPL) to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program; or an individual engaged in an internship, residency, preceptorship, postceptorship, fellowship, apprenticeship, or on-the-job training program approved by the division while under the supervision of qualified individuals.

3. ___ Enrolling as an individual accruing DOPL-required hour for social service worker (SSW) licensure

Name of organization where you work:

Supervisor's name:

Supervisor's NPI:

Supervisor's license type:

Signature of supervisor:

Date:

4. ___ Enrolling to provide peer support services.

Name of organization where you work:

Supervisor's name:

Supervisor's NPI:

Supervisor's license type:

Signature of supervisor:

Date:

By submitting this form, I attest that I have received the peer support specialist certification from the Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH).

Section 2

This section applies only to providers affiliated with Local County Mental Health and/or Substance Abuse Authorities, or providers in the Department of Human Services System of Care program.

The following unlicensed individuals enrolling to provide targeted case management services for individuals with serious mental illness must complete this section.

Unlicensed individuals enrolling to provide targeted case management services for individual with serious mental illness - must enroll with Provider Type/Specialty/Subspecialty (PT/SP/SSP): Behavioral Health & Social Service Providers, Case Manager/Care Coordinator/No subspecialty

___ Enrolling to provide targeted case management services to individuals with serious mental illness

Name of organization where you work:

Supervisor's name:

Supervisor's NPI:

Supervisor's license type:

Signature of supervisor:

Date:

By submitting this form, I attest that I have received the targeted case management certification from the Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH).