



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 individuals working for Mental Health Centers, Substance Abuse Agencies, providers enrolled under the Medicaid Foster Care Mental Health Program to provide mental health services to children in state custody and/or subsidized adoption children, or the Department of Human Services' System of Care program.

The following unlicensed individuals enrolling to provide mental health and/or substance use disorder services must complete Section I of this form and must enroll with the following taxonomies:

- Unlicensed psychosocial rehabilitative services (PRS) providers-- Enroll with taxonomy 172V00000X. (See 1. below.)
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)-- Enroll with the taxonomy representing the profession in which the student will become licensed. (See 2. below.)
Unlicensed individuals accruing DOPL-required hours for licensure as a social service worker (SSW)-- Enroll with taxonomy 104100000X or 1041S0200X. (See 3. below.)

1. Enrolling to provide psychosocial rehabilitative services (PRS)

Name of organization where you work, the organization's NPI, and taxonomy:

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, the organization's NPI, and taxonomy:

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 hours for social service worker (SSW) licensure

Name of organization where you work, the organization’s NPI, and taxonomy:

Supervisor’s name: _____ Supervisor’s NPI: _____

Supervisor’s license type: _____

Signature of supervisor: _____ Date: _____

Section 2

This section applies only to individuals working for Mental Health Centers, Substance Abuse Agencies, or 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 or peer support services must complete this section, Section 2, and must enroll with the following taxonomies:

- Unlicensed individuals enrolling to provide targeted case management services for individual with serious mental illness-- Enroll with taxonomy 171M0000X. (See 1. below.)
- Unlicensed individuals enrolling to provide peer support services-- Enroll with taxonomy 175T0000X. (See 2. below.)

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

Name of organization where you work, the organization’s NPI, and taxonomy:

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).

2. ___ Enrolling to provide peer support services

Name of organization where you work, the organization’s NPI, and taxonomy:

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).