Attested Specialty Form

If you are interested in adding or maintaining a specialty under your profile, please mark the appropriate specialty check box and sign the attestation below.

Please email the completed form to CompletedForms.ProviderNetwork@cigna.com or fax it to 860.687.7257

CRITERIA FOR INCLUSION:

In order to claim a specialty in the designated areas, you must meet one or more of the following conditions:

1. Certification by a nationally recognized certifying organization.
2. An internship, fellowship, or formal training program in an accredited institution focusing on treatment of one of the designated disorders or groups of patients, use of one of the designated treatment modalities, or neuropsychological testing.
3. An accumulation of continuing education units or course work focused on current treatment of one of the designated disorders or groups of patients, use of one of the designated treatment modalities, or neuropsychological testing.
4. Significant work experience focused on current treatment of one of the designated disorders or groups of patients. The depth and breadth of experience must demonstrate that you have gained the knowledge and skill to be considered a specialist.

SPECIALTIES:

Please check the specialties for which you meet the criteria listed above:

Disorders

- ☐ Alcohol/Substance Use/Dual Diagnosis
- ☐ Autism – Testing and Assessment
- ☐ Autism – Treatment
- ☐ Autism – ABA (Applied Behavioral Analysis)
- ☐ Autism – Social Skills Group
- ☐ Developmental Disorders
- ☐ Sexual Offenders
- ☐ Eating Disorders
- ☐ Pain Management
- ☐ Sexual Disorders
- ☐ Maternal Mental Health

Diagnostic Testing

- ☐ Neuropsychological Testing

Patient Age Groups

- ☐ Children (1-5 years old)
- ☐ Children (6-12 years old)
- ☐ Adolescents (13-17 years)
- ☐ Geriatric patients (65+)

Treatment Modalities

- ☐ Dialectic Behavioral Therapy (DBT)
- ☐ EMDR

Employee Assistant Program (EAP) Specialty Services:

By checking these specialties or certifications you are attesting that you meet ALL of the criteria listed. You may be required to complete an additional survey and attestation for these services.

☐ **Certified Employee Assistance Professional (CEAP) Certification**

If I check this box, I attest that:

• I hold a current CEAP Certificate granted by the Employee Assistance Certification Commission (EACC)

☐ **Critical Incident Response**

If I check this box, I attest that:

• I have received formal training in Critical Incident Response

• I have delivered a minimum of four (4) CIR services in the past two (2) years

• I agree to make changes in my schedule to accommodate CIR requests within 2-12 hours

☐ **Employee Educational Seminars (e.g. Employee Wellness Workshops or Training @ the Workplace)**

If I check this box, I attest that:

- I have presented a minimum of four (4) Employee Wellness Seminars in the past two (2) years
- I agree to make changes in my schedule to accommodate requests within 3-4 weeks
- I am knowledgeable in presenting seminars utilizing PowerPoint
- I can access Cigna EAP educational information electronically – via email or CD

☐ **First Responder**

I hereby certify and attest to the following:

- I have worked with law enforcement or other first responders in the areas of trauma, crisis intervention, and/or stress management and have a solid understanding of the cultural nuances
- I have training with a first responder group (e.g. community training, ride along, etc.)
- I formerly worked as or currently work as a first responder
- I have experience working directly with first responder organizations (e.g. police or fire departments, sheriff's office, EMT, etc.)

☐ **Management Referrals**

If I check this box, I attest that:

- I am experienced with clients who are required by their employers to access services
- I agree to assess an employee and develop a plan to address his or her issues that may be contributing to the workplace problem
- I am qualified and agree to perform a general substance abuse screening as part of my overall assessment
- I am familiar with local resources and agree to serve as an advocate for the client in accessing the proper level of care
- I agree to follow up with referral resources to verify initial compliance with recommended treatment
- I agree to follow up within 24 hours of each appointment with the Cigna EAP Consultant

☐ **Supervisory Training Sessions @ the Workplace**

If I check this box, I attest that:

- I am familiar with the management referral process, including the role of the manager, the EAP consultant, and the counselor
- I have delivered a minimum of four (4) Supervisory Training sessions in the last two (2) years
- I agree to make changes in my schedule to accommodate these requests within 2-4 weeks
- I am knowledgeable in presenting seminars utilizing PowerPoint
- I can access Cigna EAP educational information electronically – via email or CD

☐ **Behavioral Telehealth**

I hereby certify and attest to the following:

- I meet all state requirements to provide behavioral telehealth services, including any licenses and certifications
- I will provide behavioral telehealth services only in the state(s) where I hold a license
- I utilize only a secure internet connection and follow all HIPAA requirements

I hereby certify and attest that all of the information above is true and accurate. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the Cigna Behavioral Health network. Furthermore, I will cooperate with Cigna Behavioral Health during a specialty documentation audit, if requested, to verify that I meet the outlined criteria on the Specialty Network Worksheet.

☐ **I wish to participate in the above specialty network(s)**

☐ **I wish to decline participation in the above specialty networks**

Practitioner (print name): ______________________________

Signature: ______________________________

State: __________ NPI #: ______________ Date: ______________