

Mental Health Physician Clinic
Addendum of Agreement to Alaska Medicaid Provider Enrollment Application
(To be completed and signed by the Psychiatrist operating the Clinic)

By my signature below, I understand and accept responsibility for this mental health physician clinic. I also acknowledge that this clinic is in compliance with all federal, state medical assistance statutes, regulations, policies, and procedures and I agree:

That I will provide *direct supervision* of my mental health physician clinic, by *physically* being on the clinic premises to deliver medical services at least 60 percent of the time the clinic is open for providing medical services, and for additional time needed to meet all of the following medical responsibilities:

- see each recipient at least once, prescribe the care to be provided, approve the individualized treatment plan in writing, and at least every six months review each case to determine the need for continued care;
- provide direct clinical consultation and supervision to clinic staff; and
- assume professional responsibility for the services provided and assure that the services are medically appropriate. (7 AAC 160.990 (18))

That I will provide *direct supervision* of all mental health clinical services that are rendered by mental health professional clinicians at my clinic, and ensure that the qualifications and credentials of the persons providing such services at my clinic are appropriate and in accord with applicable Occupational Licensing and Medical Assistance regulations, statutes, and program rules. *I understand* that staff rendering mental health clinic services at a mental health physician clinic includes mental health professional clinicians who are credentialed as follows:

- an individual with at least a master’s degree in psychology, social work, counseling, child guidance, or nursing with specialization or experience in mental health, *who is licensed to practice in the state*;
- a marital and family therapist licensed under AS 08.63 or in a state with substantially similar requirements and who works in the field of expertise; or
- a professional counselor licensed under AS 08.29 or in a state with substantially similar requirements and who works in the field of expertise. (7 AAC 160.990 (56))

That the following are the individuals who meet the above requirements for providing mental health clinic services to Medicaid recipients and for whom I will provide direct supervision: (attach a list if more than six)

That this clinic or business “exclusively or primarily provides mental health services” (7 AAC 160.990 (55)). If not, explain on separate sheet.

Normal anticipated business hours: _____ Days of Week _____

That I will notify Affiliated Computer Services, Inc. (ACS) *in writing within 30 days* upon occurrence of any of the following: (1) when I no longer operate my mental health physician clinic, (2) when I have not complied with the requirement for *direct supervision* of the clinic *in any 30-day period*, (3) when I have not complied or can no longer comply with the requirement of *direct supervision* of the mental health clinic services, or (4) when there is a change in persons or in the credentials of persons on my clinic staff providing such services. *I understand* that my failure to provide such a notification to ACS constitutes an *automatic breach* of this agreement, making me *automatically ineligible to receive Medicaid reimbursements* as a mental health physician clinic provider.

Provider Enrollment