



PROVIDER NOTICE

RE: Change in Provider Contracting and Credentialing Requirements

Providers licensed as LMSW, LPC, LMLP and LMFT that are contracted with Cenpatico must provide to Cenpatico documentation that the Provider is following supervision standards as set forth by the Kansas Behavioral Sciences Regulatory Board (BSRB). In addition, all services must be rendered within the scope of the Provider's professional license.

To continue participating in the Cenpatico network, the provider must submit to Cenpatico before January 1, 2013 a completed Supervising Clinician Statement attached. Please fax the completed statement to 785-354-4206.

In addition, if you have recently updated your licensure to a clinical licensure and Cenpatico does not have the clinical license on file, please fax the license to 785-354-4206 and indicate on the cover sheet that this is an updated license.

For further information, please contact your Cenpatico Kansas provider staff:

ProviderrelationsKS@cenpatico.com

Phone: 866-944-7588

Fax: 866-263-6521

Thank you for being a part of our network



Supervising Clinician Statement

Date _____

As the Supervising Clinician for:

Name of Practitioner

I can attest that he/she is providing behavioral health services for KanCare members solely at the location(s) listed below and not in the member's place of residence. In accordance with the requirements of the laws and regulations of the State of Kansas, I have established a supervision agreement and practice protocols with

_____ (*Name of Practitioner*) Effective
_____. (*Date of Agreement*)

Location(s) of Practice:

This form must be completed and signed by the supervising clinician.

Signature of Supervising Clinician Date

Print Supervising Clinician's Name

Supervising Clinician's License Number: _____

Supervising Clinician's National Provider Identifier (NPI) (Required): _____

Supervising Clinician's Current Address: _____
