

Employee/Staff Number: _____

This employee is current with case management training

- 1 Yes
- 2 No
- 3 NA

Date of Training ___/___/___

In the table below, indicate the highest education and licensure/certification for this staff member, based on Medicaid requirements:

Medicaid Modifier

This employee meets the Medicaid billing definition for the following education (chose highest level for this employee):

- NA This employee will not provide Medicaid Services
- AF Specialty Physician (Psychiatrist)
- HP MD or DO (MD)
- AH Clinician Psychologist (Psychologist)
- AM Physician Team Member (PA)
- SA Nurse Practitioner (APRN)
- TD Registered Nurse (RN)
- HO Master's Level
 - LISW-CP
 - LISW-AP
 - LMSW
 - LMFT
 - LPC
 - Certified Substance Abuse Professional (CSAP)
 - Clinical Chaplain (CC)
 - Mental Health Professional (MHP)
 - Master's Level Professional (In Process)
- HN Bachelor's Level
 - LBSW
 - Substance Abuse Professional (SAP)
 - Child Service Professional (CSP)
- TE Licensed Practical/Licensed Vocational Nurse (LPN/LVE)
- HM Less Than a Bachelor's Level
 - Mental Health Specialist (MHS)
 - Substance Abuse Specialist (SAS)
 - Peer Support Specialist (PSS)

Note: Include proper documentation in the personnel file for all levels for auditing purposes.