

MCO Invoice: American Rescue Plan Act of 2021 (ARPA) Provider Incentives

MCO:

Invoice Submission Date:

Date EBP Qualification/Certification Obtained:

EBP Certified/Qualified Provider:

EBP Certified/Qualified Provider Individual NPI:

Agency Name:

Agency Tax ID:

Agency NPI:

Agency Mailing Address:

LMHP/Psychiatrist Practitioner Name:

Practitioner NPI:

Funder of EBP Training for EBP Recruitment Providers Only:

<i>Recruitment: Evidence-Based Practice</i>	<i>With Training Costs</i>	<i>Without Training Costs</i>
Child Parent Psychotherapy		
Trauma-Focused Cognitive Behavioral Therapy		
Parent-Child Interaction Therapy		
Preschool PTSD Treatment		
Youth PTSD Treatment		
Triple P (Positive Parenting Program) Standard Level 4		
Eye Movement Desensitization & Reprocessing (EMDR) Therapy (for adolescents)		

Retention: Evidence-Based Practice	Without Training Costs	Date of Eligible Claim	Claim number
Child Parent Psychotherapy			
Trauma-Focused Cognitive Behavioral Therapy			
Parent-Child Interaction Therapy			
Preschool PTSD Treatment			
Youth PTSD Treatment			
Triple P (Positive Parenting Program) Standard Level 4			
Eye Movement Desensitization & Reprocessing (EMDR) Therapy (for adolescents)			

LMHP/Psychiatrist	Select License Level	Date of Eligible Claim	Claim number
Advanced Practice Registered Nurses (APRN)			
Licensed Addiction Counselors (LACs)			
Licensed Clinical Social Workers (LCSWs)			
Licensed Marriage and Family Therapists (LMFTs)			
Licensed Professional Counselors (LPCs)			
Licensed Psychologists			
Medical Psychologists			
Physician Assistant			
Psychiatrists			

I certify that, to the best of my knowledge, the information above is true and accurate.

Name:

Title:

Include the Following Documentation with Submitted Form

Electronic Funds Transfer (EFT) Form

W-9 (Include Voided Check with W-9)

For EBP Recruitment or Retention Payments: Proof of EBP Certification/Qualification

*If you are requesting reimbursement for training costs related to EBP Recruitment payment the following documents are needed:
cancelled check, bank statement, invoice.*

For EBP retention payment: Claim number for service including EBP tracking code

For LMHP/Psychiatrist payment: Claim number for service

FOR MCO USE ONLY

Date MCO Received the Invoice

Paid to Provider/Agency

Amount MCO Paid

Validated EBP qualification

Validated claim (for LMHP/Psychiatrist payment, or EBP retention payment) - date

Verification of 6 months consecutive enrollment (Date provider enrolled in network)