

Oklahoma Department of Mental Health And Substance Abuse Services

Behavioral Health Rehabilitation Specialist (BHRS) Credential Grandfathering

As of July 1, 2010 the requirements for being credentialed as a BHRS will be changing. The new requirements will be as follows:

- 1) Bachelor degree or above; and
- 2) ODMHSAS training as a Behavioral Health Rehabilitation Specialist; or
- 3) CPRP (Certified Psychiatric Rehabilitation Practitioner) credential; or
- 4) Certification as an Alcohol and Drug Counselor (CADC). CADC's are allowed to provide substance abuse rehabilitative treatment to those with alcohol and/or drug dependencies or addictions as a primary or secondary DSM-IV Axis I diagnosis.

Individuals who meet the current requirements for being credentialed as a BHRS, will have the option of being grandfathered in as a BHRS, under current requirements, and will not be required to meet the new requirements. The current requirements are as follows:

- 1) Bachelor or master degree in a behavioral health related field including, but not limited to, psychology, social work, occupational therapy, human resources/services counseling, human developmental psychology, gerontology, education, early childhood development, chemical dependency, rehabilitative services, sociology, school guidance and counseling, criminal justice family studies, earned from a regionally accredited college or university recognized by the United States Department of Education.
- 2) A current license as a registered nurse in the state where services are provided with behavioral health experience.

For those individuals who wish to be grandfathered in as a BHRS under the current requirements, please complete, sign and submit the attached application by **May 31, 2010**. Any application received after that date will not be considered.

All applications received by the deadline will be reviewed to determine that current BHRS requirements are met. Once that has been determined, each individual will receive written confirmation that they have been grandfathered in as a BHRS. A copy of the written confirmation, along with copies of documents supporting that they met current requirements (degree requirements, OHCA approval for non-behavioral health related degree, etc.) at the time application was submitted for grandfathering, should be kept in the individual's personnel file. To help simplify and expedite the grandfathering process, we will not be requiring that copies of the supporting documents be submitted with the application.

All applications should be mailed to:

ODMHSAS
Attn: Ronda Trumbly
P.O. Box 53277
Oklahoma City, Oklahoma
73152-3277

If you have any questions about this process, please contact Jacki Millsbaugh, Director of Treatment and Recovery, at (405) 623-3822.

National Provider Identifier (NPI) #

If you do not currently have an NPI #, here are instructions on how to get one:

To apply for an NPI go to (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>) and click on the National Provider Identifier (NPI) link. Next, click on the 'Apply Online for an NPI' link. Please read Step one (1) very carefully before beginning. This will assist you in gathering the necessary information needed prior to starting the application process. You will have to create an NPI User ID and Password. You will want to retain this information, as this will be your way to update your application.

During the application process for your NPI, you will be requested to identify your Taxonomy (Provider Type). Please note that the Taxonomies available to select from may not match exactly with the work that you do.

**Oklahoma Department of Mental Health
And Substance Abuse Services**

**Behavioral Health Rehabilitation Specialist (BHRS)
Grandfathering Application**

Date: _____ **Individual NPI #:** _____

Name: _____

Address: _____

Daytime Phone number: _____ **Cell:** _____

E-mail address: _____

Education Information

Check/complete all that apply:

- Master Degree**
Type of Degree/Area of Focus _____
- Bachelor Degree**
Type of Degree/Area of Focus _____
- Licensed Registered Nurse**
- Non-behavioral health related degree with coursework approved by OHCA**

I have reviewed the current requirements for credentialing as a BHRS and confirm that I meet the requirements, and agree to provide supporting documentation if requested.

Signature: _____ **Date:** _____