



Provider Account Application Supplement: Master's Level Therapist (MLT) Pilot

Dear Prospective Pilot Participant:

Thank you for your interest in the Washington State Department of Labor & Industries' (L&I) Master's Level Therapist (MLT) Pilot. **In order to participate, you must complete this Supplement to the Provider Account Application. All three (3) pages must be submitted.**

To learn more of the scope of this pilot, eligibility, and find participation information, please review this document and refer to the Frequently Asked Questions (FAQs) section on the MLT pilot webpage at LNI.wa.gov/MLT. If you have additional questions, you can contact the Provider Hotline at (800) 848-0811 or email MLT@LNI.wa.gov.

Thank You,
Provider Accounts



Supplement for the MLT Pilot

The Master's Level Therapist (MLT) Pilot's goal is to expand access to behavioral health interventions delivered by qualified MLTs. These interventions may better enable workers to heal and return to work, aid attending providers to address barriers that impede recovery, and in some cases provide more information prior to requests for mental health evaluation. The MLT pilot provides a structured environment for care delivery and capture of data. Collected information on the provision of high quality behavioral and mental health services will inform future L&I payment and coverage policies.

While the project is underway, the Department of Labor & Industries (L&I) will pay enrolled providers participating in the pilot to deliver behavioral and mental health interventions to workers with an open workers' compensation claim.

This pilot may last up to four years, beginning on January 1, 2020. You can find payment and other information on the MLT Pilot webpage located at Lni.wa.gov/MLT.

The following licensed providers qualify for participation in the pilot:

- Licensed Independent Clinical Social Workers (LICSWs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Mental Health Counselors (LMHCs)

Providers must be licensed through the Washington State Department of Health, and complete and submit a [Non-network Provider Account Application](#), and the L&I required pilot training located on LNI.wa.gov/MLT.

To participate in this pilot, you must submit this Supplement Provider Application to L&I. Make sure to include all of the required supporting information.

NOTE: Applicants will be enrolled on a first-come, first-served basis, with an additional emphasis placed on geographic equity. Submission of this application does not guarantee your enrollment in the pilot. Enrolled participants will be notified with a letter from the department.

By submitting this supplement and requesting to participate in the pilot, you agree to comply with the MLT Pilot policies described on the MLT Pilot Website, as currently written or amended by L&I hereafter, to include but not be limited to fee schedules, billing instructions, and medical documentation requirements. Consistent with the MLT Pilot policies, you agree to the following:

1. To only provide services when referred by the worker's Attending Provider
2. To only provide up to 8 initial visits, and up to 8 more visits only after authorization through Utilization Review, on an open workers' compensation claim, under the terms of, and within the pilot.
3. To complete and submit for each worker required documentation via the L&I MLT Pilot form following each visit
4. To perform no more than the medically necessary number of treatments

Provider Account Application Supplement for the Master's Level Therapist Pilot

- 5. To submit all supporting medical documentation to L&I no later than thirty days after each treatment.
- 6. To maintain compliance with the pilot policies, even though a third party may be involved in billing L&I.

L&I may remove you from participation in the MLT Pilot with 30 days notification. No services to workers can be delivered after removal.

You may withdraw from pilot participation at any time by submitting a notice of MLT Pilot withdrawal in writing. You can send your withdrawal to provnet@lni.wa.gov, or fax it to (360) 902-4563.

Provider's Statement of Agreement:

I, _____ (please print clearly), agree to abide by the terms of the pilot and this supplement and all applicable Federal and Washington State statutes, rules, and policies.

| | | |
|--------------------------------|---------------------------------------|---------------------------|
| Date | Signature | |
| WA practitioner license number | Group Number and Name (if applicable) | Address of Practice |
| L&I Provider number | NPI (National Provider Identity) | Tax Identification Number |

Mail to: Health Services Analysis - PAC, PO Box 44261, Olympia, WA 98504-4261, or Fax: 360-902-4484