



POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: SUTS Provider Network Selection and Retention

Assigned Policy Number: BHSD 8301

Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input checked="" type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 5/13/2019

Policy developed by: Leilani villanueva and the BHSD SUTS CAP Team

Attach P&P Document For Review In this Section [Include Paperclip Icon Here]



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance:  Date: 5/13/2019

County Counsel:  Date: 5/14/2019

Section B: BHSD Executive Director

BHSD Executive Director:  Date: 5/16/2019

Note - A copy of the Approved P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD #8301

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | BHSD County Staff |
| <input checked="" type="checkbox"/> | Contract Providers |
| <input type="checkbox"/> | Specialty Mental Health |
| <input checked="" type="checkbox"/> | Specialty Substance Use Treatment Services |

Title: Provider Network Selection and Retention

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

<p><u>REFERENCE:</u></p> <ul style="list-style-type: none"> • 42 Code of Federal Regulation (C.F.R.) § 438.12(a) and § 438.12(b) Provider Discrimination Prohibited • 42 Code of Federal Regulation (C.F.R.) § 438.214(a) Provider Selection • 42 Code of Federal Regulation (C.F.R.) § 438.602(i) State Responsibilities • 42 Code of Federal Regulation (C.F.R.) § 455.104 Disclosure by Medicaid Providers and Fiscal agents: Information on ownership and control • 42 Code of Federal Regulation (C.F.R.) §455.105 Disclosure by providers: Information related to business transactions • 42 Code of Federal Regulation (C.F.R.) §1002.203 State Exclusion of Certain Managed Care • 42 Code of Federal Regulation (C.F.R.) §1002.3 General Authority • Santa Clara County Board of Supervisors Policy Manual: Soliciting and Contracting, revised 9/18/17 • 415-015 Exclusion of Providers from Participation in Federal or State Healthcare Programs • VMC #560.01 Non Discrimination
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<p><u>POLICY:</u></p> <p>To ensure that county and contracted providers understand and adhere to all of the required elements of the provider selection and retention process in accordance with county, state and federal regulations.</p>
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<p><u>DEFINITIONS:</u></p> <p>Provider. A provider is a person or entity that is engaged in the delivery of services, or ordering or referring for those services and is legally authorized to do so by the State in which it delivers the services. Providers include, but are not limited to, licensed health professionals, outpatient clinics, intensive outpatient clinics, partial hospitalization clinics,</p>



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Title: Provider Network Selection and Retention

methadone clinics, and licensed residential treatment and withdrawal management facilities.

<u>PROCEDURE</u>	
Responsible Party	Action Required
BHSD Management	<ol style="list-style-type: none"> 1. Selects and maintains network providers in accordance with applicable Federal, State, and local requirements, including the Santa Clara County Board of Supervisors Policy Manual on Policies on Soliciting and Contracting. 2. Does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. 3. Confirms that providers are located in the United States. 4. Only employs or subcontracts with providers who are not on the Federal or State exclusion lists.
County and Contract Providers	<ol style="list-style-type: none"> 1. Must be located in the United States. 2. Gives written notice within 60 days if a decision not to contract with the County has been made. 3. Maintains compliance with Medi-Cal Site Certification requirements. 4. All providers shall follow BHSD's Disclosure on Information and Ownerships Control in accordance with the BHSD's policies and procedures and contractual obligations.
Attachments:	