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

☐ Plan Administration and Organization  ☑ Provider Network
☐ Scope of Services
☐ Financial Reporting Requirements  ☑ Documentation Requirements
☐ Management Information Systems
☐ Quality Improvement System
☐ Utilization Management Program
☐ Access and Availability of Services

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

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

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

X BHSD County Staff
X Contract Providers
X Specialty Mental Health
X Specialty Substance Use Treatment Services

Title: Provider Network Selection and Retention

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<tr>
<th>Approved/Issue Date:</th>
<th>Behavioral Health Services Director:</th>
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<td>Last Review/Revision Date:</td>
<td>Next Review Date:</td>
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REFERENCE:

- 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.) § 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

POLICY:
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.

DEFINITIONS:

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,
**Title: Provider Network Selection and Retention**

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

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<th>Responsible Party</th>
<th>Action Required</th>
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| BHSD Management           | 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 | 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. |