SANTA CLARA COUNTY
Behavioral Health Services

POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Credentialing and Re-Credentialing

Assigned Policy Number: 8500

Policy Area(s): Mark All That Apply

☐	Plan Administration and Organization	☒	Provider Network
☐	Scope of Services	☐	Documentation Requirements
☐	Financial Reporting Requirements	☐	Coordination and Continuity of Care
☐	Management Information Systems	☐	Beneficiary Rights
☐	Quality Improvement System	☐	Beneficiary Problem Resolution
☐	Utilization Management Program	☐	Program Integrity
☐	Access and Availability of Services	☐	Reporting Requirements

Submitted by: Victor Ibabao Date: 6/27/2019

Policy developed by: Tianna Nelson, Hung Nguyen, Kakoli Banerjee, Mary Harnish et al.

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

II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: victoria phan 3527B4B4F12742C... Date: 6/27/2019

County Counsel: DocuSigned by: Emily Fedman BEDCD44FA6BA42B... Date: 6/27/2019

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys AB2AABE6ED30409... Date: 6/27/2019

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

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

Title: Credentialing & Re-Credentialing

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

REFERENCES:

MHSUDS Information Notice 18-019 Provider Credentialing and Re-Credentialing for Mental Health Plans and Drug Medi-Cal Organized Delivery System Pilot Counties
42 C.F.R. §438.214
Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101 et seq.
42 C.F.R. §§ 438.214(d), 438.610(a) and (b), and 438.808(b)
Social Security Act, Section 1128
California State Medicaid Program Plan, Section 3, Supplement 3 to Attachment 3.1-A

POLICY:

The Santa Clara County Behavioral Health Services Department (BHSD) ensures that its county-owned and operated providers (i.e., BHSD employees) and contract organizational providers that deliver Medi-Cal-covered services are qualified in accordance with current legal, professional, and technical standards, and -are appropriately licensed, registered, waivered, and/or certified. The term provider is used in this document to refer to clinicians or counselors who provide direct services to plan beneficiaries.

BHSD complies with the following requirements:

- All direct service providers are required to be in good standing with Medi-Cal. Any provider who is excluded from participation in Federal health care programs, including Medicare or Medi-Cal, may not provide services in BHSD's network, which includes, but is not limited to, county-owned and operated providers and contracted organizational providers.
- The BHSD deems a direct provider to be credentialed, once the above requirements have been met and the application has been reviewed by the appropriate BHSD Credentialing staff.
- For Mental Health Services, the Quality Management Division staff must review and approve the application and attestation. QMD staff must be satisfied that there are no clinical concerns regarding the provider's ability to provide quality services.

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- For Substance Use Services, the Clinician Credentialing Application must be submitted and reviewed by SUTS Credentialing staff for all new and existing clinicians. Contract agencies and clinical staff are responsible for tracking credential expiration dates and renewing credentials in a timely manner.

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DEFINITIONS:

BHSD Master Staff Roster is the primary data source for billing mental health services and contains information on only those staff for whom the County is able to bill for their services.

Certified Provider refers to Substance Use Disorders providers delivering covered services are defined in Title 22 of the California Code of Regulations, Section 51051.

Clinician Credentialing Application is an application and attestation used to review the appropriateness and current status of credentials of all counselors who provide services in the DMC-ODS network, managed by Substance Use Treatment Services.

County-Owned and Operated Providers refers to Behavioral Health Services Department providers who are employed with the County of Santa Clara.

Contracted Organizational Providers refers to providers employed with a contract-based organization contracted with BHSD.

DMC-ODS refers to Drug Medi-Cal Organized Delivery System.

Primary Source refers to an entity, such as a state licensing agency, with legal responsibility for originating a document and ensuring the accuracy of the document's information.

Provider Types include licensed, registered, or waivered mental health providers, licensed practitioners of healing arts, and registered or certified Alcohol or Other Drug (AOD) counselors.

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PROCEDURE **Credentialing & Re-credentialing**	
Responsible Party	**Action Required**
BHSD Management or Designee	General requirements for both Mental Health and SUTS providers 1. As applicable, BHSD will verify and document the following items through a primary source for all licensed, waivered, registered and/or certified providers: a. The appropriate license and/or board certification or registration, as required for the particular provider type; b. Evidence of graduation or completion of any required education, as required for the particular provider type; c. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and d. Satisfaction of any applicable continuing education requirements, as required for the particular provider type. 2. BHSD will also verify and document the following information from each network provider, as applicable. Verification of the below information doesn't not to be verified through a primary source: a. Work history; b. Hospital and clinic privileges in good standing; c. History of any suspension or curtailment of hospital and clinic privileges; d. Current Drug Enforcement Administration identification number; e. National Provider Identifier number; f. Current malpractice insurance in an adequate amount, as required for the particular provider type; g. History of liability claims against the provider; h. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See https://www.npdb.hrsa.gov/; i. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not

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	participate in the Plan's provider network. This list is available at: http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp; and j. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.
BHSD Quality Management or Designee	**Provider Re-credentialing Procedures** 1. BHSD will verity and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above. 2. BHSD will require each provider to submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation. In addition to the initial credentialing requirements, re-credentialing should include documentation that the Plan has considered information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews. 3. BHSD may delegate its authority to perform credentialing reviews to a professional credentialing verification organization. If BHSD delegates credential verification activities to a subcontractor, it must establish a formal and detailed agreement with the entity performing those activities. 4. BHSD will maintain a system for reporting serious quality deficiencies that result in suspension or termination of a provider to DHCS, and other authorities as appropriate. Processes include but are not limited to reducing, suspending, or terminating a provider's privileges. Plans must implement and maintain a process by which providers may appeal credentialing decisions, including decisions to deny a provider's credentialing application, or suspend or terminate a provider's previously approved credentialing approval. 5. Re-credentialing will include the use of additional sources of information such as quality improvement activities, beneficiary grievances and medical record reviews to assess the continued capacity of a counselor/clinician to provide direct services to the beneficiaries of the two BHSD plans. BHSD also requires that each

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	provider submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation
	Attestation For all network providers who deliver covered services, each provider's application to contract with BHSD must include a signed and dated statement attesting to the following: a. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation; b. A history of loss of license or felony conviction; c. A history of loss or limitation of privileges or disciplinary activity; d. A lack of present illegal drug use; and The application's accuracy and completeness.
BHSD – Quality Improvement Division	**Mental Health Credentialing & Re-credentialing procedure** 1. The Quality Management System's Department or Designee will verify and document each county-owned and operated providers and contracted organizational providers that deliver covered Mental Health services possesses valid credentials. The procedure for verifying provider credential for the Mental Health Plan is described in this sub-section. 2. County-operated program providers and BHSD-contracted agency providers are required to submit a credentialing application to the Quality Management System no later than sixty (60) days prior to the credential expiration date. At this time, the Quality Management Division staff will begin the re-credentialing process, by reviewing the submitted credentialing application and accompanying documents. The Quality Management Division staff will document that each provider that delivers covered services continues to possess valid credentials, and verify that each direct service provider has met the credentialing requirements.

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3. In addition to the above re-credentialing requirements, the Quality Management System may consider information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews. Once the above has been reviewed, verified, and considered, the Quality Management Division staff will approve or deny the application for provider re-credentialed status.

4. If approved, the Quality Management System will update the Master Staff Roster with the most current information from the credentialing application and accompanying documents and document the licensed, waivered, registered and/or certified provider as having been re-credentialed. The staff will also update their electronic database they are responsible for maintaining, which contains information on those providers for whom the County is able to bill services for. In addition, the Quality Management Division will inform the submitting BHSD County-operated program clinic manager or contracted agency of the provider's re-credentialed status.

5. If needed, the Quality Management System will consult with the BHSD Medical Director if there are clinical concerns regarding the provider being re-credentialed, and the Medical Director will make the decision to approve or deny the provider application.

6. If adverse information is revealed by the provider, primary source of verification, Quality Management Division, Medical Director, or anyone else involved in credentialing, the provider' may be suspended or terminated by the BHSD or prohibited by their employer from providing services to clients.

Process for denying a provider's credentialing application, or suspending or terminating a provider's previously approved credentialing approval

1. <u>If the provider with an adverse action(s) is a County employee:</u>

The Quality Management System staff will inform the BHSD Director, Quality Management System Director, BHSD Compliance Officer, BHSD Director of Administration, and corresponding Director of Program Services

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of the revealed adverse action(s). County policies and procedures will be followed, which may result in employee suspension and/or termination.

2. If the provider with an adverse action(s) is a BHSD-contracted agency providers: The Quality Management System staff will inform the BHSD-contracted agency Director of the revealed adverse action(s). This information is communicated by electronic transmission and certified U.S. mail; the BHSD Director, Quality Management System Director, BHSD Compliance Officer, BHSD Director of Administration will be copied on the communication.

Termination process

1. Notification is promptly made to the practitioner by the BHSD Medical Director, and/or his/her designee, via certified mail, regarding all actions made by the Plan/Group that constitute grounds for a hearing as listed herein.

2. The notice of action includes the action being proposed, the effective date of the action, a statement of reasons for the proposed action, notice that the provider has a right to request a hearing with the Credentialing staff within 30 days, and a summary of the practitioner's rights in the hearing.

3. The BHSD Compliance Department will report notification of action to the appropriate Board of California, National Practitioner Data Bank, and contracted health plans, as well as to the Medical Board of California within 15 business days.

4. Providers may file an appeal for a hearing regarding denial, termination, sanction, or reduction of participation when the cause of the action is related to clinical competency or professional conduct. Practitioners appealing a decision by the Credentialing staff must submit documentation in regards to the appeal.

Grounds For Hearing Process

1. Except as otherwise specified in this Policy, any one or more of the following actions or recommended actions shall constitute grounds for a hearing:

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	a. Involuntary termination of the practitioner's ability to treat Medi-Cal beneficiaries as a Participating Provider when the reason is due to a medical disciplinary action or due to reasons of clinical competency or professional conduct. b. Involuntary termination of the provider's Services Agreement with the BHSD when the reason is due to a medical disciplinary action or due to reasons of clinical competency or professional conduct. c. Denial of a practitioner's application to become a participating provider with BHSD when the denial is based upon medical disciplinary reasons or based on reasons of clinical competency or professional conduct. 2. The practitioner must exhaust the remedies afforded by BHSD Credentialing Policy before resorting to arbitration action. Otherwise, the practitioner shall have waived the hearing and appeal rights of the BHSD and shall have to accept the recommendation or action involved.
BHSD-SUTS Credentialing Team	**SUTS Credentialing & Re-credentialing procedure:** 1. Substance Use Treatment Services (SUTS) track the credential status of all *individual treatment providers* that provide S Substance Use Treatment services. All credentials – licenses, certificates or registration information – are monitored, so that individual treatment providers with lapsed credentials are not able to provide services in the SUTS network of care. BHSD will verity and document at a minimum every three years that each provider continues to possess valid credentials. 2. All licensed, registered and/or certified providers in the SUTS system of care must register with SUTS Credentialing. New and currently employed direct service providers (henceforth counselors) must **register** with SUTS. Registering with SUTS involves submitting the SUTS Clinician Credentialing form for inclusion as a provider in the DMC-ODS network.

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3. The SUTS Credentialing form gathers information on each individual practitioner's credentials, NPI number, DEA number (if relevant), and other information required by Information Notice 18-019. Completed forms are emailed to the SUTS Credentialing mailbox.

4. The SUTS Credentialing Team reviews the Clinician Credentialing form for completeness and accuracy. Counselors are contacted if information is missing or inaccurately stated. Counselors may be asked to re-submit a revised form with the required fields. The SUTS review includes, though is not limited to, verification of credential at the website of the accrediting body, the National Practitioner Data Bank https://www.npdb.hrsa.gov/ (if applicable, and list of excluded providers http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp;.

5. After the Clinician Credentialing form has been reviewed and found to meet all state requirements, the counselor is notified about the status of the form via email.

6. If SUTS does not have a complete record of a counselor's credentials, she/he will not be allowed to provide services in the SUTS system of care. A notification to this effect will be sent to the counselor and the counselor's supervisor.

7. Counselors must also submit a revised SUTS Credentialing form when they renew or update their credentials, change the location or hours of services, and upon termination of employment at an agency. Reinstatement will require proof that a credential was renewed by the appropriate body.
8. All agencies that contract with the SUTS MCP must update counselor (specifically LPHA) status promptly. The Credentialing database is used to update the Provider Directory on the BHSD website in accordance with Information Notice – 18-020

9. Counselors are required to update their credentials in the event of any change in status (e.g renewals, suspensions, revocations, change in location or hours of service, or termination of

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	employment). As a courtesy, the SUTS credentialing team sends out a reminder notice 90 days prior to the expiration of the license or other credential. Counselors are responsible for taking the appropriate actions to renew their credential in a timely manner and update the Clinician Credentialing form.
Attachments:	