



POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Provider Directory

Assigned Policy Number: BHSD 8600

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: 5/17/2019

Policy developed by: Deane wiley and kakoli Banerjee and BHSD 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: DocuSigned by: Victoria plan Date: 5/17/2019

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 5/17/2019

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 5/17/2019

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



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

Title: Provider Directory

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

REFERENCE:

DHCS MHSUDS Information Notice 18-020

42 Code of Federal Regulations § 438.10(d)

Section 508 of the Rehabilitation Act, 29 U.S.C. § 794d

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xv, a-c, (CD 2.17)

DHCS Contract, Exhibit A, Attachment I A2

DHCS Information Notice 18-020: Federal Provider Directory Requirements for Mental Health Plans and Drug Medi-Cal organized Delivery System

POLICY:

It is BHSD’s practice to adhere to DHCS requirements in developing and maintaining the Provider Directory in accordance with the State and Federal requirements, including directory content, type, language and format.

DEFINITIONS:

Provider Directory includes information of the contracted provider or provider group, including a list of networks and products of BHSD.



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

Title: Provider Directory

<u>PROCEDURE</u>	
Responsible Party	Action Required
BHSD Management	<ol style="list-style-type: none"> 1. Ensure that the provider directory is published on BHSD’s website in a machine-readable file and format, and can be downloaded and provided to beneficiaries upon request. 2. Ensure that the content of the provider directory include but are not limited to: <ol style="list-style-type: none"> a. The provider’s name and group affiliation, if any; b. Provider’s business address(es) (e.g., physical location of the clinic or office); c. Telephone number(s); d. Email address(es), as appropriate; e. Website URL, as appropriate; f. Specialty, in terms of training, experience and specialization, including board certification (if any); g. Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults); h. Whether the provider accepts new beneficiaries; i. The provider’s cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender); j. The provider’s linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider’s office; and, k. Whether the provider’s office / facility has accommodations for people with physical



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Title: Provider Directory

	<p>disabilities, including offices, exam room(s), and equipment.</p> <ol style="list-style-type: none"> I. In addition to the information listed above, the provider directory must also include the following information for each rendering provider: <ul style="list-style-type: none"> • Type of practitioner, as appropriate • National Provider Identifier number • California license number and type of license; and, • An indication of whether the provider has completed cultural competence training 3. Ensure that the provider directory follows the language and format requirements as outlined in the policy section of this policy document. <ol style="list-style-type: none"> a. Provide information in a manner and format that is easily understood and readily accessible; b. Be available in the prevalent non-English languages in the county; c. Include taglines in the prevalent non-English languages in the State explaining the availability of free written translation or oral interpretation services to understand the information provided; d. Use 12 point or larger font size for all text (except as noted below for the large print tagline); e. Include a large print tagline (18 point font or larger) and information on how to request auxiliary aids and services, including the provision of materials in alternative formats, at no cost to the beneficiary; and, f. Include the toll-free and TTY / TDY or California Relay Service telephone number of the Plan's customer service unit (i.e., 24 hours, 7 days per week toll-free telephone number). 4. Monitor and update the provider directory at least monthly, unless the information is made available in an online electronic
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Title: Provider Directory

	<p>searchable provider directory, which must be updated no later than 30 calendar days after the Plan receives updated provider information.</p> <ol style="list-style-type: none"> 5. Ensure processes are in place to allow providers to promptly verify or submit changes to the information required to be in the directory. 6. Ensure the Provider Directory includes the following notation as a footnote: "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory." 7. Ensure that the Provider Directory includes <ol style="list-style-type: none"> a. Physicians, including specialists b. Hospitals c. Pharmacies d. Behavioral health providers 8. Ensure the Provider Directory includes the following <ol style="list-style-type: none"> a. A statement of whether the provider will accept new beneficiaries; b. The provider's cultural and linguistic capabilities, including languages (including whether the provider has completed cultural competence training); c. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment
BHSD Contract Providers	Shall notify BHSD in advance of any closure or action that affects enrollment of beneficiaries into their program, so it can be posted on the website.
Attachment:	