Santa Barbara County Department of Behavioral Wellness
Service Provider Identification (SPID) Instructions

Submit SPID application, attestation, and all required documents to:
MENTAL HEALTH: BWELLQCM@SBCBWELL.org

ALCOHOL AND DRUG PROGRAM: BWELLQCMADP@SBCBWELL.org

Please allow up to 5 business days for the request to be processed

*Behavioral Wellness and Community-Based Organizations (CBO) **MAY NOT** access the Department's medical records or provide services to a beneficiary before the eligibility verification and certification processes have been completed. Please refer to DHCS Information Notice No.: 18-019 and Staff Credentialing and Licensing Policy for details.*

ALL NEW STAFF/NEW POSITIONS:

- New staff at BWELL;
- New staff at CBO;
- BWELL staff move to a CBO;
- CBO staff move to BWELL;
- CBO staff move to a new CBO;
- Staff returns to BWELL from previous employment;
- Staff returns to a CBO from previous employment;
- Current BWELL staff began to work at CBO in addition to current employment; and
- Current CBO staff began to work at BWELL in addition to current employment.

FOLLOW INSTRUCTIONS BELOW:

1. IF YOU ARE GOING TO BILL FOR Services, a National Provider Identifier (NPI) number is required prior to the assignment of an ID number. *Note: administrative staff that are unlicensed do not need an NPI number.*
    - To create and manage an individual NPI (not organization) you need an Identity and Access Management System (I&A) account at: https://nppes.cms.hhs.gov/#/
2. Attach signed attestation
3. Attach SPID application.
4. Attach a copy of your resume or employment application, which must contain at least the following information:

- Highest level of education achieved (type of degree and year graduated);
- Work experience to include volunteer work with a description of duties; and
- Work experience to include average hours worked per week with a description of duties.

5. Attach a copy of all professional licenses, registrations (AMFT, ASW), DHCS 1739 waiver, certification (certified and registered Substance Use Disorder Counselor), if applicable. *Please provide a copy of the official license, registration, or certification. A printout from the Breeze is not sufficient.*
6. Job description. Behavioral Wellness job descriptions can be found at: https://www.governmentjobs.com/careers/sbcounty/classspecs
7. Government issued ID (driver's license, passport, military ID, or permanent resident card)
8. IF YOU ARE A **PRESCRIBING APPLICANT** you must also include:
    - A copy of your current Drug Enforcement Administration (DEA) identification card;
    - Proof of hospital and clinic privileges in good standing;
    - History of any suspension or curtailment of hospital and clinic privileges, if applicable;
    - Current malpractice insurance in an adequate amount;
    - History of liability claims, if applicable;
    - Medicare application. Note: This does not apply to CBO applicant. Complete application CMS855i for initial request and CMS855r for reassignment. Please mail application to: 5385 Hollister Ave, Bldg 14, Santa Barbara, CA 93111; and
    - RxNT Form. Note: This does not apply to CBO. Please email form to the helpdesk at: BWELLHelpDesk@sbcbwell.org
9. IF YOU ARE A **LCSW OR PSYCHOLOGIST** you must also include:
    - Medicare application. Note: This does not apply to CBO applicant. Complete application CMS855i for initial request and CMS855r for reassignment. Please mail application to: 5385 Hollister Avenue, Bldg 14, Santa Barbara, CA 93111.
10. IF YOU ARE A **GRADUATE STUDENT APPLICANT** you must also include:
    - Student/clinical supervisor agreement; and
    - Proof of enrollment. *Please proof of enrollment must be provided within 10 business days of the start of each academic period.*

What should a Behavioral Wellness or CBO Applicant Expect

- If the application, attestation, and required documents are completed correctly, QCM will send a confirmation email indicating the application will be processed within the next 5 business days.

- If QCM does not provide a confirmation email within 5 business days of receiving the application, attestation, and required documents please contact QCM at:
  - MENTAL HEALTH BWELLQCM@SBCBWELL.org
  - ALCOHOL AND DRUG PROGRAM BWELLQCMADP@SBCBWELL.org

- After the eligibility verification and certification processes have been completed, QCM will submit a service now ticket to the Help Desk in order to set up account (ShareCare and Gateway). At this time, please submit **Electronic Signature Agreement** to:
  - MENTAL HEALTH BWELLHelpDesk@SBCBWELL.org
  - ALCOHOL AND DRUG PROGRAM BWELLQCMADP@SBCBWELL.org

- QCM will add BEWELL supervisor or manager to watch list on the service now ticket and email CBO supervisor or manager the staff's assigned SPID number and a list of facility(s) and programs(s) associate with account.

- Please allow up to 5 business day for the Help Desk to set up account. If the Help Desk does not provide a confirmation email with staff's user ID and password within 5 business days of receiving request from QCM, please contact the Help Desk at: BWELLHelpDesk@sbcbwell.org

Check off documents attached:

Attestation
Application
Resume
Professional license, registration, waiver, certification, if applicable
Job Description
Government issued ID
Electronic Signature Agreement. Note: if applicant doesn't need access to ShareCare or Gateway an agreement is not required. Please submit the form to: MENTAL HEALTH BWELLHelpDesk@sbcbwell.org ALCOHOL AND DRUG PROGRAM BWELLQCMADP@sbcbwell.org
Prescribing Staff Additional Documents:
DEA identification card
Hospital and clinic privileges in good standing
Malpractice insurance
Liability claims
Medicare application. Note: this doesn't apply for CBO applicants. Please mail application to: 5385 Hollister Ave, Bldg 14, Santa Barbara, CA 93111.
RxNT Form. Note: this doesn't apply to CBO applicants. Please submit form to the helpdesk at: BWELLHelpDesk@sbcbwell.org
Licensed Pharmacist Additional Document:
RxNT Form. Note: this doesn't apply to CBO applicants. Please submit form to the helpdesk at: BWELLHelpDesk@sbcbwell.org
LCSW and Psychologist Additional Document:
Medicare application. Note; this doesn't apply for CBO applicants. Please mail application to: 5385 Hollister Ave, Bldg 14, Santa Barbara, CA 93111
Graduate Students Additional Documents:
Student/clinical supervisor agreement
Proof of enrollment

Please note QCM and the Help Desk cannot process requests without all of the above information. This may cause a delay in processing time.

Updated: January 17, 2019

Quality Care Management (QCM) Eligibility Verification and Credentialing Attestation

I affirm that the following statements are true and correct to the best of my knowledge:

- **I have no limitation or inabilities** that affects my ability to perform any of the position's essential functions, with or without accommodation;
- **I do not** have a history of loss of license or felony conviction;
- **I do not** have a history of loss or limitation of privileges or disciplinary activity;
- **I am not** partaking in any present illegal drug use; and
- All information provided in my application for this position is **accurate and complete**.

By signing my name below, I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement disqualifies me from this position, now and into the future, and may result in disciplinary action up to and including termination. If any of this information should change, I understand that I am required to notify my supervisor and the Quality Care Management (QCM) division immediately.

Applicant's electronic signature

Updated: January 17, 2019

Santa Barbara County Department of Behavioral Wellness Service Provider Identification (SPID) Application for Behavioral Wellness and CBO Applicants

Please **TYPE**, fill out **completely**, and attach supporting documents.
Submit form and all required documents to:

MENTAL HEALTH: BWELLQCM@SBCBWELL.org

ALCOHOL AND DRUG PROGRAM: BWELLQCMADP@SBCBWELL.org

Please allow up to 5 business days for the request to be processed

Applicant/Staff (new position) to fill out:		
1.Name (first, middle, last):		
2. Previous Names Used:		
3.DOB:	4.SSN:	
5.Phone #:	6.Email Address:	
7.Home Address:		
8.City:	9.State:	10.Zip Code:
11.Gender:		
12.Race:		
13.Ethnicity:		
14. Language and Proficiency:		

Updated: January 17, 2019

Language:	Proficiency:
Language:	Proficiency:
Language:	Proficiency:
15.Primary Language:	
16. National Provider Identifier (NPI) Log in to view or update your NPI record at: https://npiregistry.cms.hhs.gov/ *Note: administrative staff that are unlicensed do not need an NPI number.*	
NPI #:	Primary Taxonomy:
17. If you are not going to provide Medi-Cal services please select administrative access below:	
18.Professional License/Registration/Waiver/Certification:	
Entity:	State:
Number:	
Original Date:	Expiration Date:
Prescribing applicant only:	
19.Drug Enforcement Administration (DEA):	
DEA #:	Expiration Date:
Applicant/Staff electronic signature:	
Signature:	
Supervisor to fill out:	
20. System of Care:	System of Care:
21. Job Title:	22. Start Date:
23. Full-Time Equivalent:	
24. Part-Time Equivalent:	

25. Maximum # of Medi-Cal beneficiaries rendering provider will accept (enter the maximum caseload): **required, if billing Medi-Cal*	
26. Facility Name:	
27. Address:	
28. Suite #: (if applicable)	
29. City:	30. State:
31. Zip Code:	
32. Age Group(s) Served:	
33. Telehealth Provider:	
34. Mobile Provider:	
35. If yes to above, select the radius of mobile services in miles:	
36. Services rendered at satellite site:	
Accounts set up: (ShareCare and Clinician's Gateway)	
37. Accounts to be set up:	
Accounts to be set up:	
38. Facility(s):	
39. Program(s):	

Supervisor Information:	
40. Supervisor Name:	
41. Phone Number:	42. Email Address:
Supervisor electronic signature:	
Signature:	