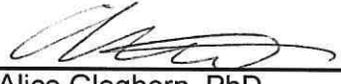




Section	Quality Care Management	Effective:	7/1/2008
Sub-section	General	Version:	2.0
Policy	Staff Credentialing and Re-Credentialing	Last Revised:	5/13/2020
Policy #	4.015		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	5/20/2020
Chief Strategy Officer's Approval	 _____ Suzanne Grimesey, MFT	Date	5-21-2020
Supersedes:	QCM-4.016 – Staff Credentialing and Licensing rev. 11/14/18		Audit Date: 5/13/2023

1. PURPOSE/SCOPE

- 1.1. To establish standards and procedures for Staff Credentialing and Re-Credentialing in accordance with state and federal regulatory requirements.
- 1.2. This policy applies to all Santa Barbara County Department of Behavioral Wellness (hereafter "the Department") Staff who have access to the electronic medical records system.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

2.1. **Staff** – an individual:

1. Who is employed by or performing services on behalf of the Department or a contracted Community Based Organization (CBO);
2. Who is an extra help employee, temporary employee or an individual contracted directly with the Department such as network providers and locum tenens physicians; and
3. Whose duties involve submission of claims, input of information, or access to information through the Department electronic medical records system.

2.2. **Credentialing** – the process through which Quality Care Management (QCM):

1. Completes eligibility verification;
2. Determines the level of qualification and scope-of-practice category, including professional suffix;
3. Determines appropriate facility-program associations; and

4. Communicates the above information to the Department Information Technology (IT) division, the Health Information Management (HIM) division, and the immediate supervisor.
- 2.3. **Verification** – the process through which the Department determines whether or not an individual holds a current, valid, and verifiable professional license, registration, waiver or certification.
- 2.4. **Licensed Staff** – individuals who currently hold, and/or whose duties require that they hold, a current license from any of the following California agencies:
 1. Medical Board
 2. Physician Assistant Board
 3. Osteopathic Medical Board
 4. Board of Psychology
 5. Board of Behavioral Sciences
 6. Board of Registered Nursing
 7. Board of Vocational Nursing and Psychiatric Technicians
 8. Board of Pharmacy
- 2.5. **Certified Staff** – individuals who currently hold, and/or whose duties require that they hold, a current certification as an Alcohol and Other Drug (AOD) counselor from any of the following California agencies:
 1. California Consortium of Addiction Program and Professionals (CCAPP)
 2. California Association of DUI Treatment Programs (CADTP)
- 2.6. **Registered Staff** – individuals who currently hold, and/or whose duties require that they hold, a current associate registration as an Associate Clinical Social Worker (ACSW), an Associate Marriage and Family Therapist (AMFT), an Associate Professional Clinical Counselor (APCC) from the Board of Behavioral Sciences, or registration with either CCAPP, California Associations for Drug and Alcohol Educations (CAADE), or CADTP as an AOD counselor.
- 2.7. **Waivered Staff** – psychology candidates (or those recruited from outside of California with out-of-state licenses) who have been verified by QCM to have been approved by Department of Health Care Services (DHCS) for a professional license waiver and are therefore able to provide mental health services that require a license in Santa Barbara County.
- 2.8. **Unlicensed Staff** – all individuals who are not licensed, registered or waived.
- 2.9. **Primary Source** – an entity, such as a state licensing agency, with legal responsibility for originating a document and ensuring the accuracy of the document's information.

2.10. **Attestation** – Potential or current Staff will state the following:

1. Any limitations or incapacities that affect the employee's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

3. **POLICY**

3.1. Prior to employment with the Department or its contracted providers, all individuals permitted access to the electronic medical records system will be properly credentialed.

3.2. The Department Staff will:

1. Be verified for eligibility to participate in Medi-Cal, Medicaid, and/or Medicare claiming and related activities that are on-going throughout employment;
2. Maintain current, valid, and verifiable professional status if their job classification and/or duties requires a California license, registration, waiver or certification, as indicated by relevant California licensing agencies; and
3. Be Re-Credentialed every three (3) years.

4. **ELIGIBILITY VERIFICATION**

4.1. QCM will check databases and exclusion lists¹ to verify that potential and current Staff are eligible to participate in Medi-Cal, Medicaid, and/or Medicare claiming and related activities.

1. Eligibility Verification must occur prior to:

- a. Employment;
- b. Finalization of a contract for individuals seeking employment with the Department; and
- c. Commencement of duties for individuals seeking employment or already employed with a contracted CBO, unless otherwise stated in their contracts.

4.2. QCM will continue the Verification process throughout the Staff's employment with the Department to monitor that individuals continue to meet the legal and ethical requirements of their employment.

¹ See Attachment A – Databases and Exclusion Lists to see the list of databases that QCM checks depending on the staff's potential or current job requirements.

- 4.3. If Staff is identified in the databases or exclusion lists (see [Attachment A- Databases and Exclusion Lists](#)), the Department's Chief of Compliance and QCM Manager will be notified immediately. The Chief of Compliance may then:
1. Notify the Staff member and the Staff member's supervisor or manager of the database screening results;
 2. Meet with the parties involved to conduct any additional investigations;
 3. Immediately suspend the Staff member's ability to provide direct services to the Department's beneficiaries pending the outcome of an investigation;
 - a. The Staff member's Supervisor/Manager or the HR Office will be contacted to determine if there are job duties available for the Staff member to perform.
 4. Contact the Department's fiscal division to stop the submission of claims to Medicare and/or Medi-Cal pending the outcome of an investigation; and
 5. After an investigation is completed, and if the database results are sustained, notify the Department Director and the Department's Human Resource (HR) Office.

5. **POTENTIAL OR NEW COUNTY EMPLOYEES AND CONTRACTORS**

- 5.1. Potential or new employees and contractors must submit the following documents to QCM to complete the Eligibility Verification:
1. Job application or resume;
 2. Job description;
 3. Service Provider Identification Request (SPID) form;
 4. Code of Conduct – Acknowledgement form (page 31);
 5. Electronic Signature Agreement form;
 6. Government-issued ID;
 7. Copy of any and all licenses;
 8. Copy of School Schedule and Supervisor Agreement if a graduate student; and
 9. Signed Attestation.
- 5.2. The following conditions must be met prior to the Department's finalization of a contract with Staff hired via a direct contract with the Department:
1. The Department's Contracts division will notify QCM;
 2. QCM will complete the eligibility Verification as specified in Section 4 of this policy; and
 3. When applicable, QCM will complete the license, registration, certification or waiver Verification.

- 5.3. The Department will not employ an individual or enter into a contract with an agency if the screening shows that the prospective employee or contractor is on an exclusion list.

6. VERIFICATION

- 6.1. For all licensed, waived, registered and/or certified Staff, the Department will verify and document the following items through a Primary Source, as applicable:
 1. Evidence of graduation or completion of required education for the credentialing classification;
 2. The appropriate license and/or board certification or registration, as required for the credentialing classification;
 3. Proof of completion of any relevant medical residency and/or specialty training, as required for the credentialing classification; and
 4. Satisfaction of any applicable continuing education requirements, as required for the credentialing classification.
- 6.2. QCM will verify and document the following information from each Staff member, as applicable:
 1. Work history;
 2. Hospital and clinic privileges in good standing;
 3. History of any suspension or curtailment of hospital and clinic privileges;
 4. Current Drug Enforcement Administration identification number;
 5. National Provider Identifier number;
 6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
 7. History of liability claims against the provider; and
 8. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.
- 6.3. QCM will verify licenses, certification and registration using the official online Verification system of each California licensing agency or the Department of Consumer Affairs License Search.
- 6.4. Staff must submit a copy of their license, certification or registration to QCM prior to it expiring.
 1. If QCM is unable to verify the license, certification, or registration prior to it expiring Staff will not be able to provide services until it is received.
- 6.5. Staff whose job classification and/or duties require a license, registration, or waiver are personally responsible for ensuring that their license, registration, or waiver is current, valid, and verifiable at all times.

1. The Department recommends that Licensed or Registered Staff submit all requirements to licensing boards at least 8 weeks prior to expiration.
- 6.6. Staff must notify an immediate supervisor and QCM immediately after they become aware of an action by a licensing board that affects their license or registration.
- 6.7. Registered Staff whose employment requires that they provide mental health therapy and assessment services to Department beneficiaries must fully complete licensure within six (6) years of initial registration.
 1. Completion of licensure within six (6) years is a condition of employment and must be obtained within this timeframe to retain the position.
 2. If a Registered Staff's license cannot be verified by the end of the six (6) year period, the individual will no longer be considered a Registered professional and will be referred to the Department's HR Office.
- 6.8. Registered Staff whose employment requires that they provide substance abuse counseling services to Department beneficiaries must fully complete their certification within five (5) years of their date of hire or from the date of initial registration, whichever is later.
 1. Completion of certification within five (5) years is a condition of employment and must be obtained within this timeframe to retain the position.
 2. If a Registered Staff's certification cannot be verified by the end of the five (5) year period the individual will no longer be considered a registered professional and will be referred to the Department's HR Office.
- 6.9. QCM will complete the Verification process within five (5) business days of the expiration date of a waiver, to determine whether or not the Staff has obtained professional licensure in California (see Section 7 of this policy for the waiver process).
- 6.10. If QCM finds that a Staff member does not have a valid license, certification, registration or waiver, QCM and IT will suspend the Staff's authorization to enter information into the Department electronic health record system until QCM verifies the license, certification, registration or waiver.
 1. If the Staff is a Department employee, the Staff's Program Manager, Team Supervisor, or other supervisor will immediately prepare a counseling memo for the Staff.
 - a. A copy of the memo will be forwarded to the Department's HR Office as soon as possible. This memo will inform the Staff that they are relieved from their duties effective immediately and may not work until their license, certification or registration can be appropriately verified.
 - b. If the Staff is providing clinical supervision to any intern, trainee, or other pre-licensed individual, the Staff will notify such individuals that their license cannot be verified by the Department and that they must immediately stop providing such supervision.

- c. Any pre-licensed individual receiving clinical supervision from such Staff must arrange for clinical supervision by another licensed individual until QCM verifies the Staff's license.
 - d. The Staff's manager or supervisor will:
 - i. Immediately stop the Staff from providing direct services to all Department beneficiaries, and ensure that all services provided by that Staff are assigned to other Staff.
 - ii. Print a copy of each service provided after the expiration date of the license, registration, certification or waiver, and provide the copies to IT with a request to block the services from Medi-Cal claiming, or if the services have already been claimed, to initiate the recoupment process.
2. If the Staff is a network provider, the provider will stop services to all Department beneficiaries, and will coordinate with QCM to ensure that services are provided by another provider.
 - a. Network providers will not invoice the Department for services provided during any period when their license cannot be verified. Any invoices for such services will be denied.

7. WAIVERED STAFF

- 7.1. Individuals may qualify for a waiver by meeting at least ONE of the following criteria:
 1. Have completed a minimum of 48 semester or 72 quarter units of graduate coursework (not including internship, thesis, or dissertation) as part of a doctoral degree program which meets Board of Psychology requirements for licensure in California; or
 - a. In order to become waived, Staff must submit an official transcript from the graduate institution showing units earned or degree granted. Waivers in this category are valid for a total of five (5) years and cannot be renewed.
 - b. Upon receipt of the required documentation, QCM will submit a Waiver Request to DHCS. Individuals are not waived until the Department receives written approval of a waiver request from DHCS.
 - c. Waivers from another county are not valid for the Department.
 2. Hold a valid license from another state and a written statement from the California Board of Psychology or Board of Behavioral Sciences verifying that the individual is eligible for admission to the relevant licensing examinations. Waivers in this category are valid for three (3) years and cannot be renewed.

8. CHANGES IN STAFF FACILITY/PROGRAM

- 8.1. When Staff is transferred or assigned to a different facility and program (Fac/Prog) within Behavioral Wellness, the manager or supervisor of the new Fac/Prog will

complete the SPID update form and send to QCM at least five (5) days in advance of the new assignment.

1. Notification must include:
 - a. The name of the new Fac/Prog; and
 - b. The date the Staff is to begin providing services there.

8.2. QCM will update the information in the Department's billing system and authorize IT to make the changes.

1. IT will make any necessary updates in the Department's electronic health record system.
2. QCM will notify the Department's Training Division of the change in Fac/Prog.

8.3. When a legal entity adds a new Fac/Prog, the legal entity may request that some or all of their existing Staff be associated with the new program.

1. In coordination with the Fac/Prog Credentialing process, QCM may coordinate with IT to add the new Fac/Prog to the privileges for the identified Staff as a batch process, rather than dealing with each Staff individually.

9. UNLICENSED STAFF

9.1. The following staff positions are considered unlicensed staff:

1. Mental Health Rehabilitation Specialist;
2. Qualified Mental Health Worker; and
3. Mental Health Worker.

9.2. A description of each Staff is included in [Attachment B](#).

10. REGISTERED OR CERTIFIED AOD COUNSELORS

10.1. Registered or Certified AOD Counselors may be classified into the following categories if they meet all education and experience requirements (See [Attachment C – Registered or Certified AOD Counselors](#) for a description of each):

1. Registered AOD Counselor; and
2. Certified AOD Counselor.

11. RE-CREDENTIALING

11.1. The Re-Credentialing approval process will be conducted by the Re-Credentialing Committee (RCC) comprised of QCM Coordinators, the QCM Managers, Chief Quality Care Strategy Officer, Chief of Compliance, Clinical Division Chief, and the AOD Division Chief.

11.2. Staff will be Re-Credentialed three (3) years from their original Credential date.

- 11.3. QCM will notify Staff that they are due to be Re-Credentialed and include the following with the notification:
1. A written description of the Re-Credentialing process; and
 2. An Attestation.
- 11.4. Staff must sign and return the Attestation within five (5) business days. The Re-Credentialing process begins once QCM receives the signed Attestation.
- 11.5. The Re-Credentialing process will consist of reviewing:
1. The Staff member's documentation by:
 - a. Reviewing Documentation Committee information; and
 - b. Conducting a documentation review that is appropriate to their work.
 2. Any grievances against the Staff; and
 3. The Staff member's license status and exclusion checks as specified in Section 4 of this policy.
- 11.6. Once QCM has completed their review, the Staff member's documentation will be brought before the RCC with one of the following recommendations:
1. Re-Credential;
 - a. All checks and reviews are satisfactorily completed and there are no concerns.
 2. Provisionally Re-Credential; or
 - a. There are one or more areas of concern.
 - b. A corrective action plan (CAP) will be issued to the Staff notifying them of the area that needs to be addressed, how to address it and the due date.
 - c. If the CAP is not completed by the due date, the RCC may provide an extension or give the Staff a Not Re-Credentialed status and refer the Staff to the Department's HR Office for further action.
 3. Do not Re-Credential.
 - a. Staff has been listed on the Medi-Cal exclusion lists;
 - b. CAP has not been completed by due date; and/or
 - c. There are grievous concerns that make the Staff ineligible for Re-Credential status.
 - d. Staff will be referred to the Department's HR office for further action.
- 11.7. Staff will be notified in writing of any change in their Credentialing status.
- 11.8. Staff can appeal an RCC decision by following the appeal process.

12. APPEAL PROCESS

- 12.1. To appeal a Re-Credentialing decision, Staff must do the following within 30 days of receiving a written notification of a decision to not Re-Credential:
 1. Email bwellqcm@sbcbswell.org and/or bwellqcmadp@sbcbswell.org requesting that the appeals committee review the decision; and
 2. Submit any additional information Staff may want the Appeals Committee to review.
- 12.2. Staff have the right to:
 1. Request a meeting with the Appeals Committee before the committee renders a final decision; and
 2. Be accompanied by a representative to such a meeting.
- 12.3. During the appeals process Staff will be unable to bill Medi-Cal (see section 11.6.3.d).
- 12.4. The Appeals Committee will render a final decision, in writing, within 30 days of the receipt of the appeal.
 1. The Appeals Committee is made up of the Department's Medical Director and the Director of Clinical Operations or their designees.

13. LIMITATIONS

- 13.1. No changes will be made to the types of services Staff may enter and/or bill, nor to the facilities and programs through which Staff may enter and/or bill, without authorization by QCM.

ATTACHMENTS

[Attachment A – Databases and Exclusion Lists](#)

[Attachment B – Unlicensed Staff](#)

[Attachment C – Registered and Certified AOD Counselors](#)

REFERENCE

California Business and Professions Code
Division 2 – Healing Arts

Code of Federal Regulations – Public Health
Title 42, Sections 438.214(b) and 438.214(d)
Title 42, Section 438.610
Title 42, Section 455.400-455.470

California Code of Regulations
 Title 9, Sections 13005(a)(8), 13035, 1840.314

Department of Health Care Services – Mental Health Plan Contract
 Exhibit A, Attachment 1, Program Integrity Requirements

Department of Health Care Services
 Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No. 18-019, April 24, 2018. Provider Credentialing and Re-credentialing for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties.

California Department of Mental Health
 Letter No. 10-05

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
5/13/2020	2.0	<ul style="list-style-type: none"> • Revised to add information on the Re-Credentialing process, Re-Credentialing committee and Appeals. • Deleted sections unlicensed staff descriptions, certification process. • Added Attachment A, B, and C.
11/14/2018	1.3	<ul style="list-style-type: none"> • In Section 5.2, listed attestation requirements for all individuals providing covered Medi-Cal services. • In Section 7.5, added recredentialing requirements at a minimum of every 3 years. • In Sections 12.3 and 12.4, revised QMHW and MHW credentialing requirements to match job classification employment standards for Case Workers and Recovery Assistants, respectively.
10/10/2018	1.2	<ul style="list-style-type: none"> • Added Social Security Death Master File to database list. • Updated registered staff requirements to complete licensure within 48 months as a condition of employment. • Insert credentialing and verification requirements per DHCS Information Notice No. 18-019.
6/6/2018	1.1	Updated policy to include registered and certified AOD counselor’s positions as subject to the credentialing process.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf)