



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

Submit SPID application, attestation, and all required documents to:

BWELLQCM@SBCBWELL.org

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

*Behavioral Wellness, Community-Based Organization (CBO), and Network Providers **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;
- New or returning Network Provider;
- 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 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.
4. Attach a copy of all professional license, registrations (AMFT, ASW), waiver (DHCS 1739), Certification (certified and registered Substance Use Disorder Counselor). *Please provide a copy of the official license, registration, or certification. A printout from the Breeze is not sufficient.*
 5. Job description. Behavioral Wellness supervisor or manager use this link to look up job description:
<https://www.governmentjobs.com/careers/sbcounty/classspecs>
 6. Government issued ID (driver's license, passport, military ID, or permanent resident care)
 7. 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. 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 (Please email form to the helpdesk at: BWELLHelpDesk@sbcwell.org)
 8. IF YOU ARE A **NETWORK PROVIDER APPLICANT** you must also include:
 - Current mal practice insurance in an adequate amount; and
 - History of liability claims, if applicable
 9. IF YOU ARE A **GRADUATE STUDENT APPLICANT** you must also include:
 - Student/clinical supervisor agreement; and
 - Proof of enrollment (*Note proof of enrollment must be provided within 10 business days of the start of each academic period*)

What you should 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: BWELLQCM@SBCBWELL.org

- After the eligibility verification and certification processes have been completed QCM will submit a service now ticket to the helpdesk in order to set up account (ShareCare and Gateway). At this time, please submit **Electronic Signature Agreement** to the helpdesk at: BWELLHelpDesk@sbcbswell.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 helpdesk 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 form QCM please contact the helpdesk at: BWELLHelpDesk@sbcbswell.org



Check off documents attached:

Attestation
Application
Resume
Professional license, registration, waiver, certification
Government issued ID
Electronic Signature Agreement (Please submit the form to the helpdesk at: BWELLHelpDesk@sbcbswell.org)
Prescribing Staff:
DEA identification card
Hospital and clinic privileges in good standing
Malpractice insurance
Liability claims
Medicare application (Please mail application to: 5385 Hollister Ave, Bldg 14, Santa Barbara, CA 93111)
RxNT Form (Please submit form to the helpdesk at: BWELLHelpDesk@sbcbswell.org)
Network Provider:
Malpractice insurance
Liability claims
Graduate Students:
Student/clinical supervisor agreement
Proof of enrollment

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



Santa Barbara County Department of Behavioral Wellness Attestation

Please read, electronically sign, and date that you agree with the statement below:

I attest that I have no limitation or inabilities that affect my ability to perform any of the position's essential functions, with or without accommodation. I attest that I have not had a loss of license, felony conviction, limitation of privileges, or disciplinary activity. I attest a lack of present illegal drug use. I attest the below application's accuracy and completeness.

Applicant's electronic signature	Date



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

Please **TYPE**, fill out **completely**, and attach supporting documents.
Submit form and all required documents to: BWELLQCM@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:	Proficiency:	
Language:	Proficiency:	
Language:	Proficiency:	
15.Primary Language:		
16.National Provider Identifier (NPI) <i>*required if billing Medi-Cal or Drug Medi-Cal</i>		
Log in to view or update your NPI record at: https://npiregistry.cms.hhs.gov/		
NPI #:	Primary Taxonomy:	
17.Professional License/Registration/Waiver/Certification:		
Entity:	State:	
Number:		
Original Date:	Expiration Date:	
Prescribing applicant only:		
18.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. Time Equivalent:	
24. Maximum # of Medi-Cal beneficiaries rendering provider will accept (enter the maximum caseload):	
25. Facility Name:	
26. Address:	
27. Suite #: (if applicable)	
28. City:	29. State:
30. Zip Code:	
31. Age Group(s) Served:	
32. Telehealth Provider:	
33. Mobile Provider:	
34. If yes to above, select the radius of mobile services in miles:	
35. Services rendered at satellite site:	
Accounts set up:	
36. Accounts to be set up:	
Accounts to be set up:	
37. Facility(s):	
38. Programs(s):	
Supervisor Information:	
39. Supervisor Name:	
40. Phone Number:	41. Email Address:
Supervisor electronic signature:	
Signature:	