



Medi-Cal Behavioral Health Plan (BHP) Provider Credentialing Procedures

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Procedure for Policy: 7.1.1 Provider Credentialing and Continuous Monitoring

I. Procedure Statement

The following procedure describes the necessary steps for a provider to become authorized to provide and claim for Specialty Mental Health Services (SMHS) or Drug Medi-Cal Organized Delivery System (DMC-ODS), substance use treatment services, as part of the Sonoma County Mental Health Plan (MHP), or the Sonoma County DMC-ODS. Authorized providers are given a unique staff number for use in Medi-Cal claiming. All providers are required to maintain the required credentials and become recredentialed every three years, in order to provide the SMHS or DMC-ODS services approved for their assigned credentialing category. These procedures apply to the Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) Network, including, but not limited to DHS-BHD staff, Sonoma County staff providing SMHS or DMC-ODS services, providers from contracted community-based organizations (CBO), staff contracted through agencies, and individual providers with single case agreements.

II. The Medi-Cal Provider Credentialing Procedure must be followed when:

1. A new provider requests to provide services as part of the Sonoma County MHP or DMC-ODS.
2. A current provider requests a change in their provider status, such as a terminated employee, an expired license/registration, name change, or a change in educational or new licensure/registration status.
3. A current provider no longer meets the requirements for their credentialing category.
4. Upon request from the DHS-BHD Credentialing Committee, Quality Improvement (QI) staff will communicate on behalf of the Committee any requests that are needed by the Committee.
5. A current provider receives a three-year recredentialing.

III. Providers of SMHS and DMC-ODS services fall into the following categories:

A. Licensed Staff

1. Physician (M.D., D.O.)
2. Licensed Psychologist (Ph.D., Psy.D.)
3. Licensed Clinical Social Worker (LCSW)
4. Licensed Marriage and Family Therapist (LMFT)
5. Licensed Professional Clinical Counselor (LPCC)
6. Registered Nurse (RN)
7. Licensed Vocational Nurse (LVN)
8. Licensed Psychiatric Technician (PT)
9. Other Medical Professionals (i.e., PA's and PNP's)

B. Waivered Professionals

1. Waiver Requirements
2. Waivered Psychologists & Registered Psychological Associates
3. Out of State licensees

C. Registered Associates

1. Associate Marriage and Family Therapist (AMFT), Associate Clinical Social Worker (ASW), Associate Professional Clinical Counselor (APCC).
2. Registered Substance Use Counselors: Registered Alcohol and Drug Technician (RADT), Substance Use Disorder Registered Counselor (SUDRC), Certified Alcohol & Drug Counselor (CADC), Licensed Advanced Alcohol & Drug Counselor (LAADC).

D. Clinical Trainee

1. Master's and Doctoral Degree Candidates

E. Unlicensed Worker

1. Certified Medical Assistant (CMA)
2. Mental Health Rehabilitation Specialist (MHRS)
3. Certified Peer Support Specialist (CPS)
4. Other Qualified Provider (OQP)

IV. Credentialing Procedure

A. Credentialing Procedure for Contracted Providers

1. Contracted providers must complete *BHD 144-Staff Number Request Form* and submit it (along with the required documents for their credentialing category), to the Revenue Management Unit (RMU) at DHS-RMU-Credentialing@sonoma-county.org, or another designated process approved by QI and RMU. Providers could also be asked to provide current or updated documents to RMU, QI, or the Sonoma County Behavioral Health Medical Director, or designee, when needed.
2. Contractor providers will be required to provide evidence of initial pre-employment screenings through use of appropriate databases (i.e. Office of Inspector General (OIG) List of Excluded Individuals/Entities, California Department of Health Care Services Medi-Cal List of Suspended or Ineligible Providers (LSIP), and System for Award Management (SAM), and the Social Security Administration's Death Master File) and submit copies to RMU with required documents listed below. In addition, Contracted Providers are responsible for monthly Excluded Provider Screenings.
3. Contractor providers will submit copy of Contractor Attestation Form to RMU, which will be submitted to QI for review and approval. "Yes" answers to a mandatory exclusion will not be credentialed in the DHS-BHD Network. Any other "Yes" answer on the attestation will be reviewed by QI and may be approved by the direction of the Behavioral Health Director in accordance with 42 USC 1320a-7.
4. **Within 3 business days of receiving all documents from contracted providers;**
 - a. RMU will ensure that contracted providers have a valid National Provider Identifier (NPI) number and are registered with the National Plan and Provider Enumeration System (NPPES) under the correct taxonomy <https://npiregistry.cms.hhs.gov/>.
 - b. RMU will obtain copies of any relevant license/registration/certification and check the California BreEZe, <https://search.dca.ca.gov/>, or California Consortium of Addiction programs and Professionals (CCAPP), <https://ccappcredentialing.org/index.php/verify-credential>, to confirm that the license/registration/certification is current.
 - c. RMU will submit *BHD 144 - Staff Number and SmartCare Request Form* and all required supporting documentation to QI for review and approval (see below credentialing categories for requirements). Any provider credentialing requests that do not meet the minimum requirements will be asked to provide additional information, may be reviewed by the Credentialing Committee and/or the assigned Section Manager.

5. As part of this review, QI will provide Section Managers with a copy of supervision plans for other qualified providers, for approval.
6. QI will verify Provider Application and Validation for Enrollment (PAVE) application/registration, and update tracking system with approvals as they arrive.
7. **Within 3 business days of receiving the above identified documents** (See 1 - 6 above) from RMU, QI staff will review, approve, then communicate with RMU. When all requirements are completed, RMU will issue a staff number to the provider along with an effective date and notify the contracted provider. Services may be provided and claimed for by the provider using the assigned staff number beginning with the effective date. Any services provided prior to the effective date are not reimbursable/billable.
8. Providers must notify RMU immediately via the BHD 144 - Staff Number and SmartCare Request Form if their provider status changes in any way. This may include a terminated employee, expired license/registration, name change, a change in education, or new licensure/registration status. RMU will notify QI of the staff status change **within 3 business days of receiving** the updated *BHD 144 - Staff Number and SmartCare Request Form*. QI will update the Provider Directory and all relevant credentialing databases.

B. Credentialing Procedure for County Providers

1. Human Resources will:
 - a. Confirm required documents are verified during hire. Required documents are listed below, along with the approved mental health (MH) and substance use disorder (SUD) activities for each type of provider. County staff could also be asked to provide current or updated documents to RMU or QI when needed.
 - b. Collect Attestation Form at the time of hire and logs it in Human Resources Information System (HRIS). Human Resources will also obtain Attestation forms every 3 years for re-credentialing.
 - c. Obtain copies of any relevant license/registration/certification and check the California BreEZe or other applicable website to confirm that the license/registration/certification is current.
<https://search.dca.ca.gov/>.
 - d. Send copies required documents to RMU for retention and credentialing audits.
2. County Human Resources checks initial provider screenings prior to employment (i.e. OIG List of Excluded Individuals/Entities (LEIE), California Department of Health Care Services Medi-Cal List of Suspended or Ineligible Providers (LSIP), SAM and the Social Security Administration's Death Master File); DHS-Human Resources runs LEIE,

- LSIP, and SAM screening checks monthly, thereafter. For any County provider outside of DHS, the applicable Human Resources department must send a list of names to DHS-Human Resources monthly.
3. Any provider credentialing requests that do not meet the minimum requirements will be asked to provide additional information and/or may be reviewed by the Credentialing Committee or the assigned Section Manager.
 4. County providers will send completed *BHD 144 - Staff Number and SmartCare Request Form* to RMU at time of hire. RMU verifies and approves form.
 - a. RMU will ensure that county providers have a valid NPI number and are registered with the National Plan and Provider Enumeration System (NPPES) under the correct taxonomy.
<https://npiregistry.cms.hhs.gov/>.
 - b. RMU issues a staff number to the provider along with an effective date. Services may be provided and claimed for by the provider using the assigned staff number beginning with the effective date. Any services provided prior to the effective date are not billable.
 - c. RMU will then set up county staff in SmartCare electronic health record in accordance with their credentials/scope of practice following the staff number assignment.
 - d. RMU will confirm eligible providers, including contract agency staff at County programs, complete the CMS-855I Medicare enrollment application and NPI form, or Opt-Out Affidavit, according to the RMU Mental Health Medicare Eligible Provider Enrollment Procedure and [CMS Provider Enrollment Guidelines](#).
 - e. RMU will forward *BHD 144 - Staff Number and SmartCare Request Form* to QI for entry into provider directory and verification of PAVE application and registration.
 5. Providers must notify DHS Human Resources **immediately** if their provider status changes in any way. This may include an expired license/registration, name change, or a change in educational or new licensure/registration status. Providers cannot provide and claim for SMHS or DMC-ODS services if they do not meet the requirements of their credentialing category.
 6. DHS Human Resources will notify RMU of any provider status through the Employee Transition Report sent every two weeks.

V. Required Documents for SMHS and DMC-ODS Providers

A. Required Documents for All Staff

1. BHD 144 - Staff Number and SmartCare Request form.
2. Current resume / work history.
3. Credentialing Attestation form:
 - a. Conviction history and permissive exclusion attestation required for "yes" answers.
4. Copy of pre-screening checks from the following databases:
 - a. Social Security Death Master File.
 - b. OIG LEIE, SAM, and Medi-Cal Ineligible Provider List.
5. Evidence of any history of liability claims filed against the provider (if applicable).
6. National Provider Identification Number (NPI) with correct taxonomy code (see SMHS and DMC-ODS Billing Manual Appendix 1).

VI. Providers of SMHS and DMC-ODS Services Required Documents and Approved Activities: (Scope of Practice)

A. Licensed Staff

1. **Licensed Staff Approved Activities (Scope of Practice):**
 - a. Can function as a "Head of Service" on agency application.
 - b. Can authorize services as directed by the County.
 - c. Can conduct comprehensive assessments, provide a diagnosis, and develop client plans/problem list without co-signature (except for RN, LVN and PT staff, as providing a mental health diagnosis is out of their scope of practice unless extended through a Standardized Procedure).
 - d. Can co-sign the work of other staff members within their scope of practice.
 - e. Can provide and claim for all service categories within their scope of practice.
 - f. Licensed staff cannot provide any services that require licensure if their license is expired.

2. Physician Required Documents

- a. All documents listed in section V. A, 1 - 6.
- b. Copy of current Physician license from the Medical Board of California.
- c. Evidence of completing an accredited psychiatry residency program (i.e. certificate, letter OR Board certification in psychiatry).
- d. For authorized prescribers: copy of current Drug Enforcement Administration (DEA) license.
- e. For authorized prescribers: evidence of registration with Controlled Substance Utilization Review and Evaluation System (CURES 2.0).
- f. Evidence of enrollment in PAVE, **OR** evidence of application submission (screen shot or copy of PDF from DHCS acceptable).
 - i. Applicant must provide evidence of approval of their PAVE application within 10 weeks of hire.
- g. For SUD professional staff: evidence of at least five hours of continuing medical education related to addiction medicine in the last year (and each year thereafter).

3. Psychologist Required Documents

- a. All documents listed in section V. A, 1 - 6.
- b. Copy of current license from the California Board of Psychology.
- c. Evidence of enrollment in PAVE, **OR** evidence of application submission (screen shot or copy of PDF from DHCS acceptable).
 - i. Applicant must provide evidence of approval of their PAVE application within 10 weeks of hire.
- d. For SUD professional staff: evidence of at least five hours of continuing medical education related to addiction medicine in the last year (and each year thereafter).

4. LCSW, LMFT and LPCC Required Documents

- a. All documents listed above in section V. A, 1 - 6.
- b. Copy of current license from the California Board of Behavioral Sciences.
- c. Evidence of enrollment in PAVE, **OR** evidence of application submission (screen shot or copy of PDF from DHCS acceptable).
 - i. Applicant must provide evidence of approval of their PAVE application within 10 weeks.

- d. For SUD professional staff: evidence of at least five hours of continuing medical education related to addiction medicine in the last year (and each year thereafter).

5. Registered Nurse Required Documents

- a. All documents listed above in section V. A, 1 - 6.
- b. Copy of license from the California Board of Registered Nursing.
- c. Evidence of enrollment in PAVE, **OR** evidence of application submission (screen shot or copy of PDF from DHCS is acceptable).
 - i. Applicant must provide evidence of approval of their PAVE application within 10 weeks.
- d. For SUD professional staff: evidence of at least five hours of continuing medical education related to addiction medicine in the last year (and each year thereafter).

6. Licensed Vocational Nurse Required Documents (Reference: LVN: BCP 2859)

- a. All documents listed above in section V. A, 1 - 6.
- b. Copy of license from the California Board of Vocational Nursing and Psychiatric Technicians.

7. Other Licensed Medical Professionals

Other licensed medical professionals such as Physician Assistants (PA) and Nurse Practitioners (NP) may become enrolled as network providers per Delegation of Services Agreement or Standardized Procedures and credentialing is reviewed by the Medical Director.

- a. All documents listed above in section V. A, 1 - 6.
- b. Copy of applicable license.
- c. For authorized prescribers: copy of current Drug Enforcement Administration (DEA) license.
- d. For authorized prescribers: evidence of registration with Controlled Substance Utilization Review and Evaluation System (CURES 2.0).
- e. Evidence of enrollment in PAVE, **OR** evidence of application submission (screen shot or copy of PDF from DHCS is acceptable).
 - i. Applicant must provide evidence of approval of their PAVE application within 10 weeks.
- f. For County staff, Nurse Practitioners (NP) must have a signed Standardized Procedures (SP), and Physicians Assistants (PA), need to

have a signed Delegation of Services Agreement (DSA), according to applicable BHP policies and procedures.

- g. For SUD professional staff: evidence of at least five hours of continuing medical education related to addiction medicine in the last year (and each year thereafter).

B. Waivered Professionals (Reference: BHIN 24-033)

1. Waiver Requirements

Staff requiring a Professional Licensure Waiver (PLW), include persons employed or under contract to provide Medi-Cal SMHS who are:

- a. Pre- or Post-Doctoral Psychologists, who are gaining the "experience required for licensure", including Registered Psychological Associates (**Note:** graduate students currently enrolled in a doctoral or post-doctoral program and working as un-paid interns, do not require a waiver because they are credentialed as Graduate Interns); or,
- b. Psychologists, Clinical Social Workers, Marriage and Family Therapists, or Professional Clinical Counselors who have been recruited for employment from outside California and whose experience is sufficient to gain admission to a CA licensing examination.

These professionals will submit the outlined information below to RMU, which is then provided to QI for review. QI will submit the PLW application (form DHCS 1739), along with the accompanying documents as specified below (a. or b.), to MH LicensingWaivers@dhcs.ca.gov. If an individual changes employer, a new waiver must be submitted to DHCS.

- i. Individuals completing their pre-doctoral Supervised Professional Experience (SPE), or post- doctoral SPE, must submit a certified copy of transcript to RMU & QI for inclusion with the PLW application. This transcript should include the individual's full name, name of the institution, and demonstrate that the individual has a doctorate degree from an accredited university in psychology, educational psychology, or education with the field of specialization in counseling psychology or educational psychology - or - has completed at least 48 semester/trimester or 72 quarter hours of course work in these areas, not including thesis or dissertation (pre-doctorate).
- ii. For out-of-state licensed psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors whose experience is sufficient to gain admission to the appropriate California licensing examination, these individuals must provide the following information with the application:
 - (1) Copies of notification from the appropriate California licensing board that the individual has been accepted to sit for the applicable California licensing exam for their profession. A copy of the email

from the licensing board confirming the individual's licensing exam date is sufficient to meet this requirement.

- (2) Evidence of the issued license that includes the individual's full name, license number, and name of the state they are licensed in.

2. Waivered Psychologists & Registered Psychological Associates

(References: WIC § 5751.2, BHIN 24-033)

Request licensing waiver from Department of Health Care Services (DHCS) using form DHCS 1739 (requested by DHS-BHD). Resume and appropriate transcripts must also accompany the waiver application. The DHCS approval process may take several weeks. The staff member cannot be credentialed until the licensing waiver is approved by DHCS. In addition to form DHCS 1739, items below are required for credentialing.

- a. All documents listed above in section V. A, 1 - 6.
- b. Evidence of waiver submission to the California Board of Psychology as a Psychologist or Registered Psychological Associate.
- c. Diploma or certified copy of transcripts. Transcript should demonstrate that the individual has a doctorate degree from an accredited university in psychology, educational psychology, or education with the field of specialization in counseling psychology or educational psychology - or - has completed at least 48 semester/trimester or 72 quarter hours of course work in these areas, not including thesis or dissertation (pre-doctorate), (accompanies DHCS 1739 application).
- d. Employment/internship start date (in the position requiring the waiver).
- e. For SUD professional staff: evidence of at least five hours of continuing medical education related to addiction medicine in the last year (and each year thereafter).

3. Out of State Licensees

Request licensing waiver from DHCS using form DHCS 1739 (requested by DHS-BHD). The DHCS approval process may take several weeks. The staff member may not be credentialed until the licensing waiver is approved by DHCS. In addition, items a through f below are required for credentialing.

- a. All documents listed above in section V. A, 1 - 6.
- b. Notification from the appropriate CA licensing board that the individual has been accepted to sit for the applicable CA licensing exam for their profession. A copy of the email from the licensing board confirming the individual's licensing exam date is sufficient. (accompanies DHCS 1739 application).
- c. Copy of license/registration with their respective state licensing board.
- d. Contractor Attestation form.

- e. Proof of Malpractice insurance provided by the individual or organization.
- f. Copy of required education (diploma).

4. Waivered Professional Approved Activities:

- a. Waivered professional may perform the following activities under the supervision of a licensed professional within their scope of practice:
- b. Included as a Licensed Mental Health Professional (LMHP) and LPHA for scope of practice.
- c. **Note:** Waivers are valid for five (5) years. The waiver period runs continuously, even if the Individual has received a waiver from another county. There are no provisions that allow for an extension of the waiver.
- d. Cannot function as the Head of Service unless they meet qualifications dictated by the California Code of Regulations.
- e. Can authorize services as directed by the County.
- f. Can conduct comprehensive assessments, provide a diagnosis, and develop client plans/problem list without co-signature while under waiver.
- g. Can co-sign the work of other staff members within their scope of practice (other than graduate students performing therapy).
- h. Waivered Professional staff cannot co-sign for a graduate student's therapy work. Therapy work must be co-signed by a licensed professional within their scope of practice.
- i. Can provide and claim for all Mental Health Services within their scope of practice.
- j. Cannot hold themselves out as independent practitioners and claim as an Enrolled Network Provider.
- k. Waivered staff cannot provide any services that require licensure if their waiver is expired.

C. Registered Associates

1. AMFT, ASW, APCC

(References: BPC SW [§§4991 - 4998.6], LMFT [§§4980- 4980.81], LPCC [§§4999.10 - 4999.129])

For a social worker candidate, a marriage and family therapist candidate, or professional clinical counselor candidate, "registered" means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

a. Registered Associate Required Documents

- i. All documents listed above in section V. A, 1 - 6.
- ii. Copy of current registration from the California Board of Behavioral Sciences.
- iii. For SUD professional staff: evidence of at least five hours of continuing medical education related to addiction medicine in the last year (and each year thereafter).

b. Registered Associate Approved Activities:

Associate Marriage and Family Therapists, Associate Clinical Social Workers, and Associate Professional Clinical Counselors may perform the following activities under the supervision of a licensed professional within their scope of practice:

- i. Included as a Licensed Mental Health Professional (LMHP) and LPHA for scope of practice.
- ii. Cannot function as the Head of Service unless they meet qualifications dictated by the California Code of Regulations.
- iii. Can authorize services as directed by the County.
- iv. Can conduct comprehensive assessments, provide a diagnosis, and develop client plans without co-signature of a licensed supervisor.
- v. Can co-sign the work of other staff members within their scope of practice (other than graduate students performing therapy).
- vi. Can provide and claim for all Mental Health Services within their scope of practice.
- vii. Cannot hold themselves out as independent practitioners and claim as an Enrolled Network Provider.
- viii. Registered associates cannot provide any services that require licensure if their registration is expired.

2. Registered or Certified Substance Use Disorder Counselor (CATC, SUD, CADC)

(References: CA STATE PLAN SUP 3 TO ATT 3.1A, MHSUDS IN 19-014, CA Health & Safety Code 11833)

A Registered or Certified Alcohol or drug (AOD) counselor is a counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

a. Registered or Certified SUD Counselor (CATC, SUD, CADC) Required Documents

- i. All documents listed above in section V. A, 1 - 6.
- ii. Copy of current registration from state approved certifying organization such as California Association for Alcohol and Drug Educators (CAADE), California Association of DUI Treatment Programs (CADTP), or California Consortium of Addiction Programs and Professionals (CCAPP).

b. Registered or Certified SUD Counselor Approved Activities:

- i. Can provide and claim for the following SUD Treatment Services within their scope of practice and with appropriate supervision: Assessment, Care Coordination, Counseling (Individual and Group), Patient Education, SUD Crisis Intervention, Observation, Recovery Services.

D. Clinical Trainee (References: BHIN 24-023)

1. A Clinical Trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a LPHA (for CT SUD) or a Licensed Mental Health Professional (for CT SMHS); is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or the applicable licensing board to participate in the practicum, clerkship, or internship and provide specialty mental health or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

2. Clinical Trainee Required Documents

- a. All documents listed above in section V. A, 1 - 6
- b. Name of graduate school and type of degree program (e.g., Master's, Doctorate, clinical psychology or school counseling)
- c. Year in the above program (e.g., first-year, second-year, student in a two-year program)
- d. Name, and license number of primary clinical supervisor (supervisor must meet all licensing board requirements for supervision of interns)
- e. Effective dates of employment (start date and end date, if known)
- f. The above information must be submitted annually, until job class update/change or staff number termination.

3. Clinical Trainee Approved Activities:

Graduate Students may perform the following activities under the supervision of a licensed professional within their scope of practice:

- a. Can conduct comprehensive assessments, provide a diagnosis, and develop client plans, but require a co-signature by a licensed supervisor.

- b. Can write progress notes but require a co-signature by a licensed supervisor.
- c. Can provide and claim for any Mental Health Services within their scope of practice but require oversight and co-signature on all clinical documents by a licensed supervisor.

E. Unlicensed Workers

1. Medical Assistant (CMA) (References: CA STATE PLAN SUP 3 TO ATT 3.1A)

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements, and provides administrative, clerical, and technical supportive services, according to their scope of practice, and provides services under the supervision of a licensed physician and surgeon as established by the corresponding state authority, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

a. Certified Medical Assistant Required Documents

- i. All documents listed above in section V. A, 1 - 6.
- ii. Copy of Medical Assistant Certification.
- iii. Copy of required education (diploma).

b. Certified Medical Assistant Approved Activities:

(References: CA BPC Section 206920-71)

- i. Administer medication and additional technical supportive services upon the specific authorization and supervision of a licensed physician, a physician assistant, or a nurse practitioner.
- ii. Venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed physician, a physician assistant, or a nurse practitioner.
- iii. Can provide and claim for the following Mental Health Services within their scope of practice and appropriate supervision: Assessment, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Targeted Case Management (TCM), Individual/Group Psychosocial Rehabilitative Counseling, Crisis Intervention, Therapeutic Behavioral Services (TBS), Employment and Education Support Services, Referral and Linkages, and Treatment Planning.
- iv. Can provide and claim for the following SUD Treatment Services within their scope of practice and with appropriate supervision: Assessment, Care Coordination, Patient Education, Observation and Recovery Services.

2. **Mental Health Rehabilitation Specialist** (References Cal. Code Regs. Tit. 9, § 630)

A Mental Health Rehabilitation Specialist is an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

a. **Mental Health Rehabilitation Specialist Required Documents**

- i. Job title and description (if not a DHS-BHD employee).
- ii. Evidence of meeting one of the following requirements (diploma and work history).
 - (1) Has a bachelor's degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment.
 - (a) Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis.
 - (b) Up to two years of post-associate degree clinical experience may be substituted for the required educational experience in addition to the requirement for four years' experience in a mental health setting.
 - iii. Has a master's degree and two years of full-time equivalent (FTE) experience in a mental health setting.
 - iv. Has an associate's degree and six years of FTE experience in a mental health setting. At least two of the six years must be post-degree experience.

b. **Mental Health Rehabilitation Specialist Approved Activities:**

- i. Can function as a "Head of Service" on an agency application.
- ii. Can co-sign the work of other staff members as allowed by the County within their scope of practice (e.g., not therapy and assessment).
- iii. Can provide and claim for the following Mental Health Services within their scope of practice and appropriate supervision: Assessment, ICC, IHBS, TCM, Individual/Group Psychosocial Rehabilitative Counseling, Crisis Intervention, TBS, Employment and Education Support Services, Referral and Linkages, and Treatment Planning.

3. **Certified Peer Support Specialist**

(References: CA STATE PLAN SUP 3 TO ATT 3.1A; CalMHSA 2023 Clinical Documentation Guide, Appendix III Scope of Practice Grid)

Peer Support Specialist is an individual who is 18 years of age with a high school diploma or equivalent degree and should be self-identified consumers who are in recovery from mental illness and/or substance use; or a parent of a child with a similar mental illness and/or substance use disorder, or an adult with an ongoing and/or personal experience with a family member with a similar mental illness and/or substance use disorder.

a. **Certified Peer Support Specialist Requirements/Required Documents**

- i. Job title and description (if not a DHS-BHD employee).
 - ii. Diploma or equivalent degree.
 - iii. Certification from program approved by DHCS for peer support specialist.
- b. Peer Support Specialist Approved Activities: Peer Support Services only; Self Help-Peer Services, Behavioral Health Prevention Education Services.

4. **Other Qualified Provider**

(References: CA STATE PLAN SUP 3 TO ATT 3.1A; CalMHSA 2023 Clinical Documentation Guide, Appendix III Scope of Practice Grid)

Other Qualified Provider (OQP) is an individual who is 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education. At DHS-BHD, OQP are often under, but not limited to, the Senior Client Support Specialist (SCSS) job classification.

The County has the prerogative and program flexibility to integrate and define other staff who can provide direct or supportive specialty mental health services as determined by the County administration and approved by DHCS. It should be noted that it is not a requirement that staff are paid for services provided and claimed to Medi-Cal (i.e., staff may include unpaid undergraduate students/interns, volunteers or advocates) as long these unpaid persons meet Medi-Cal rules and regulations regarding claiming and scope of practice. Providers are considered for this job category on a case-by-case basis and are reviewed by QI and the assigned DHS-BHD Section Manager. Approval is determined by the DHS-BHD Division Director.

a. **Other Qualified Provider Requirements/Required Documents**

- i. Job title and description (if not a DHS-BHD employee).
- ii. Diploma or equivalent degree.
- iii. Evidence of a Plan of Supervision to provide training so that the candidate meets or will meet all job and specialty mental health service

provision requirements, including documentation and billing standards for these services. The plan should include but not be limited to the frequency and number of hours of training, the subjects to be covered, the name and credentials of the primary supervisor, and a description of the supervision to be provided.

b. Other Qualified Provider Approved Activities:

- i. Can provide and claim for the following Mental Health Services within their scope of practice and appropriate supervision: Assessment, ICC, IHBS, TCM, Individual/Group Psychosocial Rehabilitative Counseling, Crisis Intervention, TBS, Employment and Education Support Services, Referral and Linkages, and Treatment Planning.
- ii. Can provide and claim for the following SUD Treatment Services within their scope of practice and with appropriate supervision: Assessment, Care Coordination, Patient Education, Observation and Recovery Services.

VII. Ongoing Monitoring of Provider Credentials

1. QI Manager acts as the credentialing manager for County and contacted providers. Credentialing duties may be delegated to QI team members or other roles as appropriate.
2. Programs and providers are responsible for following credentialing procedures and ensuring that licenses are up to date at all times. Failure to maintain proper credentialing may result in a Corrective Action Plan (CAP) or other actions as determined by DHS-BHD leadership.
3. DHS-HR runs a monthly report for Behavioral Health licenses set to expire on 90 days. QI receives an expiring credentials list (30 days prior to license expiring) from DHS-HR. QI provides follow up to these providers and their supervisors and/or managers to ensure that staff renew their credentials (prior to expiration) and send proof of renewal to QI. QI will then forward that proof DHS-HR. Acceptable proof of renewal includes the following:
 - a. Photocopy of license, registration, or certification.
 - b. Fax copy of license, registration, or certification.
 - c. Scan copy of license, registration, or certification.
 - d. Screenshot of renewed status posted to online credentialing site (i.e. BreZE, CCAPP, CADTP).
4. QI monitors the licenses for contracted providers. QI or designee provides follow up to these providers and their supervisors and/or managers to ensure that staff renew their credentials (prior to expiration) and provides proof of renewal. QI or designee will then log/save the proof. Acceptable proof of renewal includes the following:

- a. Photocopy of license, registration, or certification.
 - b. Fax copy of license, registration, or certification.
 - c. Scan copy of license, registration, or certification.
 - d. Screenshot of renewed status posted to online credentialing site (i.e. BreEZe, CCAPP, CADTP).
5. QI Team performs monthly checks of the Waivered Staff list and notifies Program/Section Managers of any waivered staff who are due for renewal of credentials.
 6. QI works directly with staff and Program Managers to resolve delays/obstacles to renewal process. Evidence of completed application and fees paid may be submitted to show that renewal is being processed but this does not establish that renewal requirements are met. Staff should ultimately submit proof of valid licensure/registration upon receipt and should plan ahead to allow for processing times of license/registration boards. QI retains documentation of attempts to resolve delays.
 7. QI makes a determination as to whether or not the provider is likely to renew on time. Factors considered in this determination include:
 - a. The specific licensing board.
 - i. SUD certifications may take longer to renew through their respective certifying Boards.
 - b. The date on which the staff member submitted their renewal.
 - i. SUD certifications take up to 60 days to process.
 - ii. All other certifications are the same day or next day if renewed online.
 - c. The circumstances of a subsequent registration.
 - i. BBS requires the issuance of a new registration number after 6 years, which takes 30 days to process.
 8. If it is determined that any staff member is unlikely to renew in time to meet minimum requirements for their position, then prior to expiration of required credentials, QI will request a contingency plan from the program to ensure that the staff member will not perform duties outside their scope of their active credentials. This plan will be forwarded to the Program Manager, DHS-HR, the Employee Relations Manager, and DHS-Compliance to review and an ad-hoc meeting may be scheduled to further discuss the contingency plan and next steps. Additional attendees may include the staff, BH Administration, Section Manager, or others needed to make a decision regarding the staff member's employment status.
 9. The above referenced ad hoc meeting will discuss the staff's anticipated lapse in required credentials and plan next steps, which may include demotion to a

job class that does not require the credentials that the staff failed to maintain, or termination, as approved by the BH Division Director.

10. After plan is made by the above review team, QI will coordinate with DHS-HR to schedule a meeting with the staff member, union representatives (at the discretion of staff), Program Manager, QI, DHS- HR, and DHS-Compliance to review decision and plan for staff.

11. QI monitors three-year recredentialing for all providers. QI or designee provides follow up to these providers and their supervisors and/or managers to ensure that staff renew their credentials. QI or designee saves documentation of required evidence.

Associated Forms

BHD 144 (09-24) Staff number and SMARTCARE Staff Access Request Form

BHD 170 (06-24) Credentialing Attestation and Addendum