### POLICY: BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS) PROVIDER CREDENTIALING AND RE-CREDENTIALING

#### I. PURPOSE:

This policy is to establish the procedures for the Credentialing of Behavioral Health and Recovery Services (BHRS) Drug/Medi-Cal Organized Delivery System (DMC-ODS) Providers.

#### II. REFERENCES:

- DHCS / BHRS Intergovernmental Agreement, Exhibit A, Attachment 1
- CFR, Title 42, Section 438.214
- CCR, Title 9, Chapter 8
- DHCS All Plan Letter 16-012
- BHRS-27 Excluded and Ineligible Provider List Checks
- MHSUS-ADP-19 Selective Provider Contracting

#### III. POLICY:

BHRS has written policies and procedures for selection, retention, credentialing and re-credentialing of providers according to state and federal regulations. BHRS requires all county and contracted substance use providers to complete credentialing procedures, comply with BHRS contract conditions and with State and Federal regulations. In accordance with these regulations, BHRS may not employ or contract with any individual or entity excluded from participation in Federal health care programs and will verify that new and current providers and contractors are not present on any of the Federal or State Exclusions lists.

#### IV. AUTHORITY/RESPONSIBILITY:

- Quality Management
- Compliance Officer
- Program Managers/Supervisors
- Contract Managers
- BHRS Division Director
V. DEFINITIONS:

Credentialing:
The State Department of Health Care Services (DHCS) contract defines credentialing as the recognition of professional or technical competence. The credentialing process may include registration, certification, licensure, and/or professional association membership. Credentialing ensures that providers are licensed and certified as required by state and federal law.

VI. PROCEDURE:

A. Contracted Substance Use Service Providers

1. Providers will be credentialized and approved by BHRS Administration prior to acceptance into the BHRS Provider Network. The approval will be based on information received through the Selective Contractor Providing process outlined in MHSUS-ADP-19 and through verification that the prospective Drug/Medi-Cal (DMC) provider has enrolled with, or revalidated their current enrollment with, DHCS as a DMC provider under applicable federal and state regulations, has been screened in accordance with 42 CFR 455.450(c) as a “high” categorical risk prior to furnishing services, has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107, and has complied with the ownership and control disclosure requirements of 42 CFR 455.104.

2. Organizational Providers are contractually responsible to ensure written policies and procedures are in place for selection, retention, credentialing and re-credentialing of staff according to BHRS contract and State and Federal regulations.

3. BHRS additionally requires Organizational Providers to comply with requirements referenced in MHSUS-ADP-19 and the following:
   a. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist
(LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

b. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff.

c. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring.

d. Registered and certified alcohol and other drug counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.

e. Have accounting and fiscal practices that are sufficient to comply with its obligations pursuant to (Title 9) Section 1840.105.

f. Possess appropriate liability insurance.

g. If applicable, store and dispense medications in compliance with all pertinent State and federal standards.

h. Maintain client records in a manner that meets State and federal standards.

i. Meet the BHRS’ Quality Management Program standards and requirements.

j. Shall certify that all staff are in good standing with licensing and certifying boards at time of hire and verify at time of licensure/certification renewal.

k. When requesting WITS ID for their staff, the organization will submit a Staff Update Form to BHRS Department Analyst.

l. Implement procedures of professional license checks, initial credentialing and ongoing re-credentialing, monitoring limitations and expiration of certifications and licenses, and ensuring that all providers have a current National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES).

m. Organizational Provider Staff shall check and certify that all staff and/or subcontractors have not been excluded/suspended or sanctioned from federal or state Medicare or Medicaid services. Specific requirements of the databases and frequency of these checks are outlined in Exhibit I of the contract (Professional Services Contract).

4. Contractor compliance with this policy shall be achieved through:

a. Distribution of the Contractor Manual, which includes information about Policies, Procedures and contract requirements, annually at contract renewal.

b. Contracted substance use treatment providers are required to submit information on licensure/certification status and the most recent excluded provider check for BHRS review at contract renewal.

c. Annual completion of the Self-Audit by relevant Contractors, and subsequent review by BHRS Contract Manager, including Contractor’s signed attestation of adherence to all applicable laws and regulations. The Self-Audit includes...
language on compliance with applicable requirements related to staff credentialing.

d. At the annual Site Visit, Contract Manager shall review relevant contractor procedures to assess their compliance with their policies and procedures.

e. BHRS staff performs a monthly provider check, which includes monitoring of staff updates and review of upcoming licensure/certification expirations.

**B. BHRS staff**

1. BHRS utilizes the contractor, OIG Compliance NOW to perform monthly screening of all BHRS employees with NPI numbers to identify if any NPI numbers have been deactivated in the NPPES NPI registry. Contractor will alert the Compliance Officer, or designee, if there are any discrepancies or deactivated NPI’s from the list submitted.

2. BHRS Hiring Managers will submit Staff Update Forms or all new employees to BHRS Department Analyst.

4. Upon receipt of the Staff Update Form, BHRS Department Analyst will confirm that the correct taxonomy has been selected, verify license status using California State BreEZe website, registration/certification status using DHCS-approved Alcohol and Drug Counselor Certification organization websites, and National Plan and Provider Enumeration System (NPPES), and will assign scope of practice guidelines in order for BHRS Analyst to set up in the Electronic Health Record (EHR).

5. After initial verification, Quality Management staff maintains a list of BHRS staff licensure and registration/certification information and expiration dates; sends due date notice reminders to BHRS employees and verifies annually on the California State BreEZe and/or DHCS-approved Alcohol and Drug Counselor Certification organization websites.

6. For County-operated substance use treatment services, BHRS staff submits to DHCS Provider Enrollment Division applicable DHCS 6209, 6010 and any other applicable forms, to add or remove licensed and registered/certified staff.