



7.1.1 Provider Credentialing and Continuous Monitoring

Issue Date: 4/3/2017

Revision History: 6/7/2023, 11/06/2019

References: 42 CFR §438.214, 455.436 CCR, Title 9 §1810.240, 1810.254 WIC, §5751.2 Health and Safety Code 11165.1 CCR, Title 9, Chapter 8: Certification of Alcohol and Other Drug Counselors State Mental Health Plan Contract; DHCS MHSUDS Information Notice 18-019, and Behavioral Health Information Notice 22-070

Policy Owner: Behavioral Health Quality Assurance and Performance Improvement (QAPI), Quality Improvement (QI) Manager

Director Signature: Signature on File

I. Policy Statement

This policy identifies the uniform process for credentialing and re-credentialing of providers serving Medi-Cal beneficiaries within the Sonoma County Mental Health Plan (MHP) or the Sonoma County Drug Medi-Cal State Plan system, hereafter referenced as the Drug Medi-Cal (DMC) Plan. This policy will ensure compliance with federal and state regulations regarding prohibition of employment of excluded and/or suspended individuals in the capacity where they will be billing for state or federal funded services.

II. Scope

This policy applies to all DHS-BHD network providers, including county employed staff, independent contract providers and contracted organizational providers that render specialty mental health services or substance use treatment to Medi-Cal beneficiaries served by the Sonoma County Mental Health Plan (MHP) or the Drug Medi-Cal (DMC) Plan.

III. Definitions

A. Contracted Organizational Provider: An organization or agency that provides mental health &/or substance use treatment services to Sonoma County Medi-Cal beneficiaries under contract with Sonoma County Department of Health Services – Behavioral Health Division, as part of the county’s MHP or DMC Plan.

-
- B. Department Health Services- Behavioral Health Division (DHS-BHD):
Sonoma County Department of Health Services – Behavioral Health Division
 - C. Drug Medi-Cal Plan (DMC Plan): The State-County contract partnership between California Department of Health Care Services and Sonoma County that provides substance use treatment services to Medi-Cal beneficiaries through utilization of federal/state funds pursuant to Title XIX and Title XXI of the Social Security Act for covered services rendered by certified Drug Medi-Cal providers.
 - D. Individual Contract Provider: A single provider of behavioral health services rendering mental health or substance use treatment to beneficiaries through the MHP or DMC Plan, under direct contract with Sonoma County as a sole proprietor or as part of an employment agency. The most common individual contract providers include psychiatrists, but may also include other service provider types (e.g. RN)
 - E. Mental Health Plan (MHP): The managed Mental Health Care plan for Medi-Cal eligible residents of Sonoma County, defined by a State-County contract partnership between California Department of Health Care Services and Sonoma County, authorized under Welfare & Inst Code § 14680 – 1472.
 - F. Network Provider: includes county employed staff within DHS-BHD who are providing direct services to Medi-Cal beneficiaries, as well as contracted organizational providers, and individual contract providers of specialty mental health or drug treatment services. It does not include Single Case Agreements for Continuity of Care. Note: Also referred to as the Sonoma County provider network.
 - G. Office of Inspector General List of Excluded Individuals/Entities (OIG LEIE): Health and Human Services Office of Inspector General List of Excluded Individuals/Entities. This list contains individuals who are restricted from employment in federally funded health care programs. It is updated monthly.
 - H. Primary Source: refers to an entity, such as a state licensing agency, with legal responsibility for originating a document and ensuring the accuracy of the document's information.
 - I. The System for Award Management (SAM): General Services Administration System for Award Management is a list of individuals and entities that are debarred, sanctioned, or excluded from doing business under a federal contract.
 - J. State Medi-Cal Suspended and Ineligible Provider List: State of California's excluded provider list. Services rendered, prescribed or ordered by an individual on this list are not covered by the Medi-Cal program while the suspension is in effect.

IV. Policy

A. Initial Credentialing & Ongoing Monitoring

1. Sonoma County Department of Health Services - Behavioral Health Division (DHS-BHD) has a uniform process for credentialing and recredentialing providers of behavioral health services within Sonoma County's provider network. DHS-BHD selection policies and procedures do not discriminate against providers that serve high-risk populations or specialize in conditions that require costly treatment.
2. It is the policy of DHS-BHD to conduct screenings prior to hiring county employed behavioral health staff or contracting with individual contract providers for the purpose of verifying and confirming that licenses/registrations and/or certifications comply with Medi-Cal and Medicare requirements. DHS-BHD will continuously monitor to ensure that providers maintain all required licenses/registrations and/or certifications in good standing.
3. For contracted organizational providers within Sonoma County's provider network, it is the policy of DHS-BHD to delegate employment screening and credentialing monitoring responsibilities to the contracted organizational provider, however all providers must submit sufficient screening evidence to DHS-BHD directly, as specified in the Provider Credentialing and Continuous Monitoring Procedure, for each person seeking to provide mental health or substance use treatment services within Sonoma County's provider network.
4. Any candidate who is suspended or excluded from participation in federal or state funded healthcare programs and whose license/registration and/or certification is not current, or whose background check reveals issues that would preclude the individual's employment/contract with DHS-BHD, or the ability to fulfill the terms of a contract with DHS-BHD, will not be hired nor will a contract be executed with the individual. For existing DHS-BHD workforce members or individual contracted providers subsequently identified on OIG LEIE, SAM, State Medi-Cal Suspended and Ineligible Provider List, or Social Security Administration's Death Master File databases, the DHS Compliance Officer will notify DHCS within 3 business days of discovery and process overpayment returns as required by law.
5. In the event the contracted organizational provider's existing employee is suspended or excluded from participation, the organizational provider is required to immediately notify DHS Compliance Officer and transfer that employee to a non-Medi-Cal/non-Federal Grant and/or Sonoma County funded program. The organizational provider's staff will then be immediately removed from the County claiming system. In the event that a

contracted organizational provider is excluded from participation as an entity, the contracted provider agreement will be terminated.

B. Providing and Claiming for Mental Health or Drug Medi-Cal Services

1. All providers, including employees and contractors, must be officially credentialed as a Sonoma County network provider and must have obtained a staff number prior to providing and claiming for Mental Health or Drug Medi-Cal services. See Provider Credentialing and Continuous Monitoring Procedure.

C. Serious Quality Deficiencies

1. DHS will report any serious quality deficiencies that result in suspension or termination of a provider to DHCS, and other authorities as appropriate. DHS-BHD will consult with DHS HR and Compliance before DHS reports to DHCS. DHS shall report to DHCS when a staff member who works for the Mental Health Plan or the DMC Plan has their credentials reduced, suspended, or terminated due to “serious quality deficiencies”. DHS shall report to DHCS only the effective date of change in credentialing and the name of the employee. If more information is requested by DHCS, DHS shall consult county counsel to determine if the information requested by DHCS can lawfully be disclosed. DHS-BHD will reduce, suspend or terminate a provider’s privileges as appropriate, consistent with DHS-BHD policies and procedures for disciplinary actions. Providers may appeal credentialing decisions, including decisions to deny a provider’s credentialing application, or suspend or terminate a provider’s previously approved credentialing approval, consistent with DHS-BHD provider appeal policies and procedures

D. Re-Credentialing

1. DHS-BHD or its delegated contractor will verify and document at a minimum every three years that each network provider who delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements as listed below (Section V – Procedures), and in accordance with the Provider Credentialing and Continuous Monitoring Procedure. DHS-BHD will require each provider to submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation. Re-credentialing may also include documentation from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews.

V. Procedures

- A. Sonoma County DHS-BHD, and its contracted organizational providers, will verify and document the following items through a primary source, as applicable. When applicable to the provider type, the information will be

verified unless DHS-BHD, or its contracted organizational providers, can demonstrate the required information has been previously verified by the applicable licensing, certification, or registration board. The following will be verified and documented:

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
 2. Evidence of graduation or completion of any required education, as required for the particular provider type;
 3. Proof of completion of any relevant medical necessity and/or specialty training, as required for the particular provider type; and
 4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.
- B. In addition, DHS-BHD will verify and document the following information from all providers within Sonoma County's provider network, 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;
 8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>
 9. History of sanctions from participating Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List may not participate in Sonoma County's network. This list is available at : <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx>;
 10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards
- C. In addition, for all prospective providers seeking to deliver Medi-Cal covered services, each provider's application to contract with Sonoma County must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider'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 or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

VI. Forms

- A. Staff Number Request Form, MHS 144
- B. SWITS Access Request Form, BHSUD 004
- C. Provider Attestation Form, MHS 170

VII. Attachments

Attachment #1: Provider Credentialing and Continuous Monitoring Procedure