




HEALTH AND HUMAN SERVICES AGENCY BEHAVIORAL HEALTH & RECOVERY SERVICES

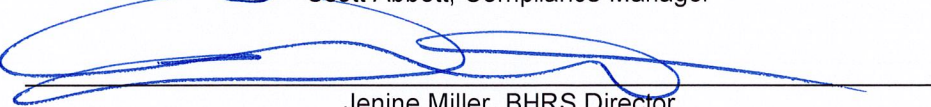


POLICY AND PROCEDURE

Service Area: Mendocino County Behavioral Health and Recovery Services

Subject: Staff and Provider Screening, Verification, and Credentialing

Subject Matter Expert: 
Scott Abbott, Compliance Manager

BHRS Director: 
Jenine Miller, BHRS Director

Previous or Referenced Policy No.: II.B-3S, II.B-11M, III.A-9, III.A-10

Created: 11/17 Reviewed: Revised:

PURPOSE:

To document requirements and procedures for obtaining and evaluating background information prior to and during employment at Mendocino County Health and Human Services Agency (HHSA) Behavioral Health and Recovery Services (BHRS).

To ensure that every new BHRS employee and independent contractor receives appropriate training and orientation to carry out his/her duties, in compliance with applicable federal, state, and county rules and regulations.

To ensure that every new BHRS employee and independent contractor that provide behavioral health care services is eligible to provide services claimed for reimbursement.

To ensure that Contracted Providers and Subcontractors are eligible to provide services that are claimed for reimbursement.

To ensure that all required monthly checks of exclusion databases are conducted.

Definitions:

- Federal Health Care Program means Medicare, Medicaid (Medi-Cal in CA), and all other federal health care programs defined in Federal law (See citations below).
- Ineligible Person is an individual or entity who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in federal health care programs or (2) has been convicted of a criminal offense related to the provision

of health care services and has not been reinstated by the federal health care program to provide services after a period of exclusion, suspension, debarment or ineligibility. No manager/supervisor will make an offer of employment to an applicant listed as an ineligible person. Managers/supervisors must immediately advise the Compliance Officer and Quality Manager of any current employee who is listed as an ineligible person.

- New Employees includes staff transferring into BHRS from other Mendocino County jobs.
- OIG is the Office of the Inspector General
- Conditional Job Offer is one that is extended to a potential employee with the understanding that it is contingent upon the successful completion of all county screening requirements.
- CURES is the Controlled Substance Utilization Review and Evaluation System (CURES) stores Schedule II, III, and IV controlled substance prescription information reported as dispensed in California.
- Contracted Providers also includes all subcontractors.
- Administrative Service Organization (ASO) is an organization the BHRS contracts with to administer behavioral health services through contracting with providers for services.

POLICY:

In addition to the criteria of Mendocino County Policy No. 45 Pre-Employment Policy, offers of employment for personnel within Mendocino County BHRS are contingent upon completing an application and a background investigation through Mendocino County's Human Resources Department. Conditional job offers may be made but are not finalized until screening and background checks are successfully completed.

Mendocino County BHRS will not employ or contract with any individual, entity or independent contractor that is deemed an Ineligible Person.

All new employees and independent contractors receive written materials and are trained in policies related to compliance during their initial orientation to BHRS. All staff shall acknowledge in writing that they have received and read the policies contained within the BHRS Policy Manual and any others deemed necessary. Evidence of compliance training will be maintained by BHRS Quality Assurance (QA). Additional training, appropriate to the individual's work assignment, will be completed in a timely manner.

Staff who fail to attend or complete mandatory training are required to work with their supervisor and Compliance Manager to ensure training is completed. All staff and independent contractors will complete the online BHRS compliance and confidentiality trainings at hire and attend mandatory trainings yearly.

Nothing in this policy is intended to supersede or amend existing related policies including, but not limited to: 92-03 (Affirmative Action), 98-15 (Fingerprinting), 98-16 (Credentialing for County Licensed Staff), and 96-01 (Volunteers).

The Administrative Service Organization (ASO) within their staff hiring, conducts background checks, verifies and credentials candidates and not employ or contract with any individual, entity or independent contractor that is deemed an Ineligible Person. The

ASO provides compliance training and ensures ASO staff and contractors attend annual mandatory trainings provided by BHRS.

PROCEDURE:

A. Screening New Staff/New Independent Contractors:

Prior to hiring an employee or contracting with an independent contractor, BHRS Quality Assurance (QA) ensures that the individual being considered for employment or contracting has been screened and ensures prospective employee/contractor:

- Has valid, current license(s) and is in good standing with the appropriate board(s)
- Has evidence of graduation or completion of any required education, as required for the particular provider type
- Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type
- Satisfaction of any applicable continuing education requirements, as required for the particular provider type
- Has a current NPI on the NPPES website.

Upon acceptance of the offer for employment/contract the individual is required to undergo fingerprinting, as needed and provide his or her Social Security number to the BHRS Personnel Department. On the same day the BHRS Personnel Department staff verbally provides BHRS QA the Social Security number for pre-hire exclusion checks. Immediately after screening, BHRS Personnel and QA units will destroy/shred all documentation of the Social Security number.

1. For clinical and medical staff credentials are verified:

- a. National Plan and Provider Enumeration System (NPPES) is verified at <https://npiregistry.cms.hhs.gov/>
- b. For psychologists, social workers, marriage and family therapists and licensed professional counselors, licenses, interns and registrants are verified at www.breeze.ca.gov
- c. Psychologist candidates must be waived or a waiver application will be submitted to the Department of Health Care Services (DHCS). A copy of the waiver will be obtained and tracked.
- d. SUDT counselors are certified via one of the DHCS recognized accredited organizations.
- e. Drug Enforcement Administration (DEA) <https://www.dea.gov/>

2. For all staff - an exclusion review is conducted utilizing the following exclusion lists:

- a. Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)
- b. DHCS Medi-Cal List of Suspended and Ineligible Providers
- c. Social Security Administration's Death Master File (at hiring only)
- d. System Award Management (SAM) Database

3. MDs/DOs/NPs/Psychologists/MFTs/LCSWs are checked for Medicare opt-out at: <https://med.noridianmedicare.com/web/jeb/enrollment/opt-out/opt-out-listing>

4. MDs/DOs/NPs will provide evidence that they have registered at the State of California Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES) located at <https://cures.doj.ca.gov>

5. For all potential employees – a Live Scan fingerprinting criminal background check is conducted by Staff Resources to ensure that the individual is cleared for employment by U.S. Department of Justice (DOJ). Those results are then shredded as required by DOJ.
6. Record Retention: Records of the background screenings are retained in accordance with personnel record retention requirements.

B. Ongoing Monthly checks:

- All BHRS staff and independent contractors are screened monthly against the exclusion lists and verifications:
 - a. Office of Inspector General List of Excluded Individuals/Entities (OIG/LEIE)
 - b. Medi-Cal List of Suspended and Ineligible Providers
 - c. System Award Management (SAM) Database
 - d. Active License, Registration or Intern
- Record Retention: Records of the monthly checks are kept ten (10) years before being destroyed.

C. Screening Findings:

- If an individual or entity is found to be excluded on the above named databases, Mendocino County shall not hire/contract with the individual.
- If an individual is found to be excluded on a monthly review they will immediately be stopped from providing services, and claiming to federal and state funds will be blocked by the Administrative Services Manager.
- Clinical/medical staff positions/contracts: If credentials are unable to be verified, the individual cannot be hired for clinical, medical, or independent contract positions requiring credentials. If the individual's National Provider Identifier (NPI) is not up-to-date or the individual does not have an NPI, the individual must update or obtain an NPI before employment or contracting with BHRS. Providers' licenses according to their due dates will be verified to be current and that the individual is in good standing. If a required license expires or the individual is not in good standing with any board that individual's scope and duties will be modified as necessary.
- BHRS fiscal agents and managing employees (as defined by 42 CFR § 455.101) who appear on the exclusion lists (or have been convicted of a crime related to federal health care programs) shall be reported to DHCS.

D. The Administrative Service Organizations (ASO) must submit a completed Credentialing and Verification form on all staff billing Medi-Cal to BHRS QA/QI Unit before billing will be allowed. The forms will provide information to be able to review the staff person against the Social Security Death Master File, the National Plan and Provider Enumeration System database, the System Award Management (SAM) database, the Office of Inspector General List of Excluded Individuals/Entities (LEIE), and the DHCS Medi-Cal List of Suspended or Ineligible Providers. Any problems should be immediately discussed with BHRS staff.

- a. ASOs shall monitor monthly the provider staff that they contract with in accordance with section B above.
- b. ASOs shall check the SAM, LEIE and the DHCS Medi-Cal List of Suspended or Ineligible Providers databases monthly and will initiate immediate action to remove any individual found on a one of the list from providing services and claiming federal and state funds.

- c. BHRS staff will notify the Administrative Services Manager to prevent or reimburse billing.
 - d. BHRS staff will issue a Plan of Correction to the provider.
- ASOs are also required to track all licensed, waived, and registered staff renewal dates within their providers and subcontractors.

- E. A Credentialing and Verification form must be completed on all staff billing Medi-Cal and submitted to BHRS QA/QI Unit before billing will be allowed.

Submit completed form to:
Mendocino County Mental Health QA/QI Unit, Fax 707-463-6868.

REFERENCES:

45 CFR 164.530(c); 42 CFR 438.608
42 CFR.1320a-7
45 CFR § 164.306; 45 CFR § 164.308
42 CFR § 455.410
Mendocino County Policy No. 45 Pre-Employment Policy
Exhibit A of MHP Contract
Exhibit A, Attachment I of SUD Contract

ATTACHMENT:

Credentialing and Verification form



**HEALTH AND HUMAN SERVICES AGENCY
MENDOCINO COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES**

Credentialing and Verification

Legibly print or type responses. Your request will not be processed without an NPI number, supporting documentation and both staff and supervisor signatures.

No billing is allowed until verification and credentialing is finalized.

**Submit completed form to:
BHRS QA/QI Unit at Fax 707-463-6868**

Check appropriate box below:

☐ New ☐ Update Personal Info ☐ Update Program Info ☐ Update License/Certification

Personal Information:

Last: _____ First: _____ MI: _____ Suffix: _____ (Sr, Jr)

SSN: ____/____/____ DOB: ____/____/____ Gender: _____
(Not Required)

Program:

Program Name: _____

Address: _____ City: _____ State: _____

Agency Phone: _____

License / Certification Information:

Degree: _____ License / Certification Type: _____ License #: _____

State Issued: _____ Expiration Date: _____ DEA #: _____

Medi-Cal PIN: _____ Medicare PTAN: _____ NPI #: _____

Signatures and Contact Information:

Employee Signature: _____ Date: _____

Employee Phone: _____ Employee e-mail: _____

Supervisor Name: _____ Supervisor Signature: _____

Supervisor Phone: _____ Supervisor e-mail: _____

Compliance Office Only:

Credentialing requirements verified by: _____ Date: _____

☐ OIG Checked

☐ Medi-Cal Suspended and Ineligible List Checked

Attestation for Non-Licensed Staff

Staff Name: _____ Agency: _____

Agency Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Supervisor Name: _____ Title: _____

BILLING PRIVILEGES FOR:

☒ **Mental Health Graduate Student Trainee** (individual participating in a field intern placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA)/Masters of Science (MS) Counseling training program)

I attest that _____ (student) is a Graduate Student Trainee from _____, an accredited higher education institution, who began interning at our agency on ____/____/____ (date). Internship will expire on ____/____/____.

☒ **Mental Health Rehabilitation Specialist (MHRS)**

I attest that _____ (staff) meets the requirements for an MHRS because of the following:

☒ Master's Degree in a mental health related field and two (2) years experience in a mental health setting **OR**

☒ Bachelor's Degree in a mental health related field & four (4) years experience in a mental health setting **OR**

☒ Associate Arts Degree in a mental health related field and six (6) years experience in a mental health setting.

☒ **Mental Health Care Manager**

I attest that _____ (staff) has graduated from High School or possesses a GED. This staff will be under my supervision and I will be responsible for oversight of their work at the agency.

☒ **Care Manager III** – An individual who has at least four (4) years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. Up to two (2) years of the four (4) years of experience can be substituted by years of education * in a mental health related field or by completion of the County Core Skills training. There is a minimum requirement of two (2) years of actual work experience.

☒ **Care Manager II** – An individual who has at least two (2) years but less than four (4) years of FTE experience in a mental health related field providing direct mental health services.

☒ **Care Manager I** – An individual who has less than two (2) years of FTE experience in mental health related field providing direct mental health services.

Supervisor Signature: _____ **Title:** _____ **Date:** _____

Credentialing Application Instructions

Print legibly. Your request will not be processed without supporting documentation and both staff and supervisor signatures. Please submit your request two (2) weeks in advance.

NO BILLING IS ALLOWED until verification and credentialing is completed. NO
RETROACTIVE BILLING WILL BE ALLOWED.

Verification and Certification:

Per the Office of Inspector General (OIG), and the California Department of Health Care Services (DHCS), counties are mandated to verify and certify individuals and/or organizational providers including contractors in their system MUST be checked against the OIG Exclusion List, the Medi-Cal List of Suspended or Ineligible Providers List, Licensing Boards, Certification/Registration Lists, and the Excluded Parties List System prior to assigning staff ID # for documentation and billing, including MAA billing.

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New Staff:

1. Complete Credentialing and Verification
2. Check box labeled "new"
3. Personal Information Box: Please complete all information
4. License / Certification Information Box:
 - For non-licensed PhD/Psy.D (Post Doctorates) working towards that licensure, you must be waived by the State.
 - For all other non-licensed staff, including PhD/Psy.D that is not planning to obtain their professional license, you must also fill out the **Attestations for Non-Licensed Staff and MAA Billing form** (pg2). Supervisor's signature is mandatory.
 - Please make sure that the name you fill in matches your license, NPI#, Medi-Cal PIN and/or Medicare PTAN#.
5. Signature and Contact Box: It is mandatory that the employee and the employee's supervisor sign this document.

Update(s):

1. Complete that Credentialing and Verification section
2. Check all boxes appropriate to the information that needs to be updated.
3. Personal Information Box: Please fill in all information including information that needs to be updated.
4. License/Certification Box: Please fill in all information including information that needs to be updated.
5. Signatures and contact information box: It is mandatory that the employee and supervisor sign this document.
6. Please fax this form directly to: BHRS QA/QI Unit, at Fax 707-463-6868.

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Attestation for non-licensed staff and MAA billing

Complete all Personal Information and all other necessary information. Supervisor's signature is mandatory. This form must accompany page1 if the staff is non-licensed. Failure to do so may delay processing.

Please inform Mental Health Oversight and Monitoring Unit when staff separates from your agency through one of the following:

Fax: 707-463-6868

Revised 11/2018