



By:   
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Behavioral Health Director

**POLICY TITLE**

**Credentialing and Re-Credentialing Verification for ACBH  
Mental Health and Substance Use Service Providers**

**Policy No:** 1950-1-2

**Date of Original Approval:** 06/30/14

**Date(s) of Revision(s):** 4/7/15;1/18/18;  
12/16/19

**PURPOSE**

This policy addresses the need to ensure Alameda County Behavioral Health Care Services (ACBH) confirm, at least annually, that all contracted providers and personnel are properly credentialed and in compliance with federal, state and county regulations.

**AUTHORITY**

- Current ACBH contracts with DHCS;
- Title 42 CFR: Part 438.214; Parts 455.450, 455.412, 455.434
- Health and Safety Code (HSC) 11833(e) MHSUDS Info Notice No.: 16-058 and IN No. 18-019;
- 22 CCR Section 51341.1 (Definitions of Counselor and Therapist);
- Title 9 Div. 4 Chapter 8 Sub-Chapter 2 §13010 (a) (30% licensed or certified staff ratio);
- Title 9 Div. 4 Chapter 8 (Certification of Alcohol and Other Drug Counselors);

**SCOPE**

This policy applies to all rendering service providers of ACBH county operated programs in addition to all rendering service providers of entities, individuals and programs providing Medi-Cal speciality mental health services and/or Drug Medi-Cal substance use disorder treatment services to meet Medi-Cal beneficiaries under a contract or subcontract with ACBH. ACBH and ACBH-contractors are collectively referred to as the Behavioral Health Plan (BHP).

**POLICY**

This policy establishes contractual requirements, agreement and procedures for ACBH to conduct initial Credentialing verification and Re-Credentialing verification for licensed, waived, registered and/or certified providers and Peer Specialists for ALL applicable service providers. Attestation requirements apply during the initial credentialing process and thereafter every three (3) years for re-credentialing verification. (Ref MHSUDS IN No. 18-019, page 4)

ACBH will ensure that all of its licensed behavioral health care practitioners have the required licensure, education, board certification, training, clinical experience, and malpractices coverage to provide care that meets the organization's standards by initially credentialing all practitioners / agencies and re-credentialing. ACBH Credentialing Committee will abide by all California and Federal peer review reporting laws.

ACBH will verify the following items through Primary Source Verification (PSV):

1. The appropriate license and/or board certification or registration, as required for the particular type of provider;
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 residency 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.

In addition, ACBH will verify the following standardized set of data elements from each service provider, as applicable:

- a. License to practice
- b. Certificates:
  - i. Drug Enforcement Administration (DEA) certificate:  
<https://www.deadiversion.usdoj.gov/drugreg/index.html>
  - ii. Controlled Dangerous Substances (CDS) certificate:  
<https://ehs.princeton.edu/laboratory-research/animal-research/what-is-CDS>
- c. Education and Training
- d. Board Certification
- e. Work History
- f. Malpractice history National Practitioner Data Base (NPDB): <https://www.npdb.hrsa.gov/>
- g. License sanctions NPDB
- h. Medicare/Medicaid Sanctions NPDB
- i. Hospital Privileges (verified with hospital in selected states)
- j. Current malpractice coverage
- k. Current attestation and disclosure questions
- l. Office of Inspector General (OIG) Sanction Check: <https://exclusions.oig.hhs.gov/>
- m. System for Award (SAM) Sanction Check: <https://www.sam.gov/SAM/>
- n. Medicare Opt-out Check: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/OptOutAffidavits.html>
- o. National Provider Identification (NPI) number: <https://npiregistry.cms.hhs.gov/>

## PROCEDURE

### I. Application Gathering

Application gathering typically occurs during a Request for Proposal (RFP) process and the hiring process. For the vetting process and Primary Source Verification (PSV), Providers (individuals and legal entities) submit staff information listed below. Staff Identification Numbers for InSyst are issued upon completion of the PSV process.

- a. Type of credential(s)
- b. Specialty Populations
- c. Experience pertinent to area(s) of specialty and job description
- d. Training pertinent to area(s) of specialty and job description
- e. Skill Set – billing, documentation, quality assurance, compliance, etc.
- f. Beneficiary Grievances

### II. Primary Source Verification

Primary Source Verification (PSV) of credentials are obtained from the original source to determine the accuracy of the qualifications of an individual health care practitioner. Examples of primary source verification include, but are not limited to, direct correspondence, telephone

verification and internet verifications. (The original source is the academic institution or professional licensing authority.) PSV report data includes:

- a. outcome of primary sources verification activity for each element
- b. verification dates
- c. categorization for each element with support notes
- d. flags for expiring data element alerts.

Provider PSV report checklists are monitored and automatically fed into ACBH provider data management systems. Completed and delivered files have three statuses: a) Complete b) Incomplete and c) Failed. The categorized data falls into the following five (5) areas:

1. Valid, current, unrestricted-complete
2. Potentially irregular results-incomplete
3. Very irregular results-incomplete
4. Data element confirmed deficient after provider outreach-failed
5. Unable to obtain verification after outreach-failed

Rules based categorization of PSV results enables ACBH to route files to different work queues based on PSV outcome. PSV is automated to occur every three years.

For all ACBH contract providers, volunteers, subcontractors: Eligibility of LPHAs is determined by the extent to which the provider meets defined requirements for education, licensure, professional standing, service availability and accessibility, and conformance with managed care organization utilization and quality management requirements. ACBH Individual and Contracted Providers maintain records of direct service staff that include a copy of primary source verification of professional credentials. Falsification or misrepresentation of credentials shall be grounds for immediate investigation. The Monthly Provider Staff Change e-form attestation is available online, and includes but is not limited to:

- i. License issued by the State of California;
- ii. Certification from DHCS approved organization;
- iii. Internet primary source verification;
- iv. Report from a DHCS authorized credentialing or licensing organization;
- v. Register and update staff roster with staff additions, departures, and staff information changes at least monthly, no later than the 15<sup>th</sup> of each month, using the ACBH E-Form located on the Provider e-Forms page:  
<http://achcsa.org/behavioral-health/eforms.aspx>
- vi. Refer to ACBH Memo posted to the Quality Assurance Provider webpage for more information regarding "Exclusion List Monitoring and Monthly Provider Attestation". [http://www.ACBH.org/providers/QA/docs/qa\\_manual/15-2\\_Memo\\_052016\\_Exclusion\\_list\\_monitoring.pdf](http://www.ACBH.org/providers/QA/docs/qa_manual/15-2_Memo_052016_Exclusion_list_monitoring.pdf)
- vii. National Provider Identifier (NPI) Verification and Monthly Attestation CMS provides this service based on federal law (45 CFR Part 162). The CMS National Plan and Provider Enumeration System (NPPES) provides the NPI Registry Public Search of all active NPI records. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. NPI Search link: <https://npiregistry.cms.hhs.gov/>

ACBH Individual and Contracted Providers are required to complete and submit to ACBH the Provider Attestation e-form by the 15<sup>th</sup> of each month for the prior month. The Provider attests to the following items:

1. Any limitations or inability that affect the provider's ability to perform any of the position's essential functions, with or without accommodations.
2. A history of loss of license or felony conviction.
3. A history of loss or limitation of privileges or disciplinary activity.
4. A lack of present illegal drug use.
5. Assurance of accuracy and completeness.
6. Assurance of credential verification for individual providers who are licensed, registered, waived, and/or certified.

Attestation e-form is located:

[https://eforms3.bhcs.internal/lincdoc/doc/run/alameda/Monthly\\_Staff\\_Report](https://eforms3.bhcs.internal/lincdoc/doc/run/alameda/Monthly_Staff_Report)

I. ACBH Decision Points and Response to Serious Quality Deficiencies

The ACBH Credentialing and Re-Credentialing Committee and/or designee, during the investigation process, shall maintain strict confidentiality of the nature and identity of the provider in question and will document, verify, and make recommendations about ethical violations, and any past Medi-Cal, licensing board, professional associations, credentialing organizations, hospital or HMO staff, or other professional privileges.

Decision points are based on each individualized situation and or circumstances, Community Based Standards, Evidence Based Practices, available credentialing reports and contractual agreements. The ACBH Credentialing and Re-Credentialing Committee Members establish disciplinary actions based on credible information through an unbiased lens. The Committee actions are transparent in that the provider in question is fully informed of the process and rationale for any disciplinary action(s).

1. Upon notification and/or discovery of provider violations, the ACBH Quality Assurance (QA) Office will initiate a hold to be placed on any claiming by the identified individual or entity.
2. Upon discovery of any violation the ACBH Network Office shall contact the individual, contractor, or entity in writing and inquire/investigate the violation.
3. If the individual is an ACBH employee, the QA Office shall contact his/her primary supervisor and their respective Division Program Director(s).
4. Upon notification of the violation, the Credentialing Committee shall conduct a complete investigation. During the investigative process, the individual, contractor, agent, volunteers, board member, or owner (with 5% or more ownership interest) shall not be allowed to bill any services to Medi-Cal, Medicare or any other Federal Health Program until the matter is fully remedied and a final decision has been rendered.
5. Upon completion of the investigative process, a report shall be prepared within thirty (30) days from the date of the completion of the investigation. The QA Office shall submit the report and recommendations to the ACBH Executive Team and the Alameda County Health Care Services Agency Human Resources Department (HCSA HR), as applicable, for further action when necessary.

Decision Points and Remediation / Corrective Actions for Violations

- a. The individual / entities who are determined to be in violation shall be given fourteen (14) calendar days to respond in writing to the designated ACBH office.
- b. After the designated ACBH office receives the response in writing from the impacted individual / legal entity, the individual/legal entities shall be allowed sixty (60) calendar days to clear their names from the said violation.
  - i. If the individual is an ACBH employee or volunteer:
    1. They must check-in with HCSA HR within the first thirty (30) calendar days of the 60-calendar day period to provide a status of their effort to account for the violation, resolve and/or clear their name and credential(s).
    2. In the event that the 60-day period has been exhausted but the impacted individual is able to provide written verification from the associated licensing and/or credentialing board and/or organization or other applicable agency that they are still in the process of clearing their name, the HCSA HR, in consultation with the ACBH QA Office, may grant authorized leave without pay for a reasonable amount of time for the employee to complete the process of clearing their name.
    3. If after the 60-day period the employee cannot show evidence from an authorized and/or primary source of clearing their name, HCSA HR shall be notified by ACBH QA Office regarding the employee's current status to determine the next steps of the investigatory process. Proper notifications shall be provided to all parties prior to the inception of any administrative/legal action.
- c. If after the 60-day period the individual / entity does not demonstrate actions to correct the stated violation(s), ACBH shall notify County Council regarding the procedures for initiating contract termination of the said contractor/legal entity. The ACBH Executive Team shall make any determination as to recoupment of funds from the contractor/legal entity for claims paid during the established period of time in which the violation(s) occurred.
- d. A transfer of care plan shall be established for all affected clients within thirty (30) days of the ACBH Director and HR decision regarding the employees/contractor's status or sooner as appropriate for continuity of care for all affected clients.

## II. Ongoing Monitoring and Retention of Records

Background checks including, but not limited to the verification of credentials, shall be maintained for a minimum of three (3) years in the employee's, volunteer's, contractor's, agent's, Board member's, or owner's file or other accessible record in case of audit by ACBH or a State or Federal agency.

## III. Breaches of ACBH Information System

In the case of any breach of ACBH's information system that compromises the integrity of contractor staff or ACBH staff Personal Information (PI), ACBH shall notify contracted providers and ACBH employees within five (5) working days and shall notify the appropriate State and Federal agencies per ACBH's HIPAA Breach Reporting Policy.

IV. Communications

ACBH Credentialing Committee is responsible for effectively communicating the provider sensitive and personal information PSV reports and the Committee's recommendations to the ACBH Unit Directors and their assigned designee. The Credentialing Committee Chair or designee is responsible for communicating all finding to the ACBH Unit Directors. ACBH Unit Directors must provide at a minimum one (1) alternate or designee from their ACBH Unit.

When communicating to ACBH Unit Directors the Credentialing Committee will include the following information:

1. What key message(s) do you want to convey (e.g., nature of alert, need for immediacy of action(s))?
2. To what key stakeholders do you want to convey the key messages (e.g., consider clients, funders, community leaders, service providers, etc.)?
3. What's the best approach to reach each key stakeholder, including who / how should the message be conveyed, (e.g. which Unit will or is recommended to notify the provider, certified mail, legal)?
4. How ACBH will know if and when these stakeholders have received the communication?

**CONTACT**

<b>BHCS Office</b>	<b>Current as of</b>	<b>Email</b>
Quality Improvement Office	Dec 2019	QITeam@acgov.org

**DISTRIBUTION**

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contracted Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Dave Abramson; Sharon Loveseth

**Original Date of Approval:** 06/30/2014

**Date of Revision:** 12/16/19

<b>Revise Author</b>	<b>Reason for Revise</b>	<b>Date of Approval by</b>
Sharon Loveseth, QA; Kimberly Coady, QA Interim Administrator; Rudy Arrieta, Quality Management Director	MHSUDS Information Notice (IN) No: 16-058 and IN No:18-019	Karyn Tribble, PsyD, LCSW; Director

**DEFINITIONS**

<b>Term</b>	<b>Definition</b>
<b>Alcohol and Other Drug Program</b>	Means any of the following licensed or certified by DHCS: Driving Under the Influence (DUI); Narcotic Treatment Program (NTP); Residential SUD Recovery

	or Treatment Program; Drug Medi-Cal; Outpatient or Intensive Outpatient Treatment; An alcohol or drug recovery or treatment program
<b>Specialty Mental Health Services</b>	Providers include 1) county-owned and operated clinics that provide specialty mental health services to Medi-Cal beneficiaries 2) Individuals and organizations who are contracted with ACBH to provide specialty mental health services to Medi-Cal beneficiaries.
<b>Substance Use Disorder (SUD) Counselor</b>	The requirements for certification for individuals providing counseling services in alcohol and other drug recovery and treatment programs are found in the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8; and Mental Health & Substance Use Disorder Services Information Notice 16-058 (see attachment C)
<b>Licensed Professional of the Healing Arts (LPHA)</b> DMC ODS Waiver Implementation approved service providers.	Means any of the following: Physician; Nurse Practitioner (NPs); Physician Assistants (PAs); Registered Nurses (RNs); Registered Pharmacists (RPs); Licensed Clinical Psychologists (LCPs); Licensed Clinical Social Workers (LCSWs); Licensed Professional Clinical Counselors (LPCCs); Licensed Marriage and Family Therapists (LMFTs); and License-Eligible Practitioners working under the supervision of licensed clinicians.
<b>Therapist</b>  Non-Waiver	Means any of the following: A. a psychologist licensed by the California Board of Psychology; B. a clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences; C. an intern registered with the California Board of Psychology or the California Board of Behavioral Sciences; or D. a physician.
<b>Registrant Counselor</b>	Registrants providing counseling services in a substance use disorder program must be registered to obtain certification as an alcohol and other drug counselor by one of the DHCS approved certifying organizations (Health and Safety Code, Section 11833(b) (1)). Registrants are required to complete certification as a substance use disorder counselor within 5 years from the date of initial registration with any DHCS approved certifying organization (CCR, Section 13035(f) (1)).
<b>Intern Therapist</b>	All non-licensed individuals providing counseling services in a substance use disorder program must be registered with the licensing board of a state approved clinical organization.
<b>DHCS Approved Certifying Organization</b>	The Department of Health Care Services recognizes qualified counselor certifying organizations that must be accredited by the NCCA, Institute for Credentialing Excellence. The following link provides a list of DHCS approved organizations: <a href="http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx">http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx</a>

## ATTACHMENTS

- A. Exhibit A, Attachment I, III A. Program Specification DMC ODS Boilerplate Contract (page 50)  
[http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS\\_Waiver/DMC-ODS\\_ExhibitA\\_AttachmentI\\_Boilerplate.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf)
- B. Health and Safety Code (HSC) 11833(e)  
[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=11833](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=11833).
- C. MHSUDS Information Notice No.: 16-058  
[https://www.dhcs.ca.gov/formsandpubs/Pages/Information\\_Notices\\_2016.aspx](https://www.dhcs.ca.gov/formsandpubs/Pages/Information_Notices_2016.aspx)

- D. MHSUDS Information Notice No.: 18 -019  
[https://www.dhcs.ca.gov/formsandpubs/Pages/2018\\_MHSUDS\\_Information\\_Notices.aspx](https://www.dhcs.ca.gov/formsandpubs/Pages/2018_MHSUDS_Information_Notices.aspx)
- E. SUD Treatment Program Counseling Staff Certification Status Report form  
[P:\AOD\\_SUD\SAPT\\_DHCS\\_Annual\\_Monitoring\Provider\\_Staff\\_Information\\_Form\\_DHCS\\_11-17.docx](P:\AOD_SUD\SAPT_DHCS_Annual_Monitoring\Provider_Staff_Information_Form_DHCS_11-17.docx)
- F. Title 9 Div. 4 Chapter 8 (Certification of Alcohol and Other Drug Counselors);  
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I6AC48920D45411DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I6AC48920D45411DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
- G. Title 9 Div. 4 Chapter 8 Sub-Chapter 2 §13010 (a) (30% licensed or certified staff ratio);  
[https://govt.westlaw.com/calregs/Document/I6B7CDCA0D45411DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I6B7CDCA0D45411DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))
- H. Title 42 CFR, Part 438.214;  
<http://bhcsweb1/cgi-bin/QA/QA.cgi#https://www.medicaid.gov/medicaid/managed-care/downloads/managed-care-regulations-42-cfr-part-438.pdf>
- I. 22 CCR Section 51341.1 (Definitions of Counselor and Therapist);  
[https://www.dhcs.ca.gov/services/adp/Pages/CA\\_Code\\_Regulations.shtml.aspx](https://www.dhcs.ca.gov/services/adp/Pages/CA_Code_Regulations.shtml.aspx)