



<p style="text-align: center;">Alameda County <small>ac</small>  Behavioral Health Care Services <small>bh</small></p> <p style="text-align: center;">MENTAL HEALTH & SUBSTANCE USE SERVICES</p>	<p>DocuSigned by:</p> <p>By:  _____</p> <p style="text-align: center;">Karyn J. Tribble, PsyD, LCSW, Director</p>
<p>POLICY TITLE</p> <p>Credentialing and Re-Credentialing Verification for ACBH Mental Health and Substance Use Service Providers</p>	<p>Policy No: 1603-3-2</p> <p>Date of Original Approval: 6/30/14</p> <p>Date(s) of Revision(s): 4/7/15;1/18/18; 12/16/19; 10/25/2022</p>

PURPOSE

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

BACKGROUND

The Alameda County Behavioral Health Services Department (ACBH) ensures that its county-owned and operated providers (i.e., ACBH employees) and contracted organizational providers that deliver Medi-Cal-covered services are qualified in accordance with current legal, professional, educational, and technical standards and are appropriately licensed, registered, waived, and/or certified. The term provider is used in this document to refer to behavioral health care practitioners (i.e., clinicians (LMFT, LCSW), counselors (LPCC), psychologists (Psy.D/PhD), psychiatrists (MD/DO), nurse practitioners (NP), etc.) who provide direct services to plan beneficiaries.

AUTHORITY

- California State Medicaid Program Plan, Section 3, Supplement 3 to Attachment 3.1-A
- Current ACBH contracts with DHCS
- Health and Safety Code §11833(e) MHSUDS Info Notice No.: 16-058 and IN No. 18-019
- Social Security Act, §1128
- Title 42, Code of Federal Regulations (CFR) §§438.214, 455.450, 455.412, 455.434
- Title 22, California Code of Regulations (CCR) §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-owned and operated programs, contract organizational providers, Fee-for-Service providers, and any individual that provides Medi-Cal covered services (i.e., Specialty Mental Health Services (SMHS) and/or Drug Medi-Cal Substance Use Disorder (SUD) treatment services) to Medi-Cal beneficiaries under a contract or subcontract with ACBH. ACBH and ACBH-contracted providers are collectively referred to as the County Behavioral Health Plan (BHP).

POLICY

This policy establishes contractual requirements, agreements, and procedures for ACBH to conduct initial credentialing verification and re-credentialing verification for licensed, waived, registered, and/or certified providers for ALL applicable service providers.

PROCEDURE

All new and existing BHP providers are required to submit information and any applicable updates necessary to complete credentialing or re-credentialing verification, as stated in this policy. **BHP providers are required to create, maintain, and attest every 120 days to the accuracy of their electronic provider profile application.** Attestation and disclosure occur during onboarding of a new provider, and a new attestation is required at every credentialing or re-credentialing event thereafter.

ACBH has engaged the services of a Credential Verification Organization (CVO) to verify the following items through Primary Source Verification (PSV):

1. The appropriate active license and/or board certification or registration, as required for the particular type of provider; and
2. Evidence of graduation or the highest level of completion of any required education, as required for the particular provider type; and
3. Proof of completion of any relevant medical residency and/or the highest level of 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, the CVO will verify the following standardized set of data elements from each service provider, as applicable:

- a) License to practice, including any history of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards
- b) Certificates:
 1. Drug Enforcement Administration (DEA) certificate:
<https://www.deadiversion.usdoj.gov/drugreg/index.html>
 2. Controlled Dangerous Substances (CDS) certificate:
<https://ehs.princeton.edu/laboratory-research/animal-research/what-is-CDS>
- c) Education and Training – At initial credentialing
- d) Board Certification (if applicable)
- e) Work History – 10-year history with explanation for gaps greater than three months – At initial credentialing
- f) Malpractice history National Practitioner Data Base (NPDB):
<https://www.npdb.hrsa.gov/>
- g) License sanctions NPDB
- h) Medicare/Medicaid History of Sanctions NPDB – Providers terminated from participating in Medicare and/or Medi-Cal, or on the Suspended and Ineligible

- Provider List, or have Opted Out of participation in Medicare or Medi-Cal, may not participate in the ACBH provider network
- i) Hospital / Clinic Privileges in good standing, including any history of any suspension or curtailment of hospital and/or clinic privileges
 - j) Current malpractice insurance coverage is adequate, including any history of liability claims
 - k) Current signed attestation and answers to disclosure questions during initial credentialing and each re-credentialing event thereafter
 - l) Office of Inspector General (OIG) List of Excluded Individuals and Entities:
<https://exclusions.oig.hhs.gov/>
 - m) System for Award Management (SAM) Exclusion Check: <https://www.sam.gov/SAM/>
 - n) State Medi-Cal Exclusions: <https://files.medi-cal.ca.gov>
 - o) Medicare Opt-out Check: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/OptOutAffidavits.html>
 - p) National Provider Identification (NPI) number: <https://npiregistry.cms.hhs.gov/>
 - q) Social Security Death Master File (SSDMF)

I. Application Gathering

Individual BHP providers are required to register for a provider profile with the CVO and complete a provider application. For the vetting process and PSV, BHP providers submit the information listed below to the CVO.

- a. Type of credential(s)
- b. Specialty Populations
- c. Experience pertinent to area(s) of specialty and job description
- d. Education and training pertinent to area(s) of specialty and job description
- e. Skill Set – languages spoken, billing, documentation, quality assurance, compliance, etc.
- f. Beneficiary Grievances
- g. List of all previous and current practice locations including site accessibilities
- h. Professional references
- i. Identification numbers, such as Social Security Number, NPI, DEA, Unique Physician Identification Number (UPIN), and License Number
- j. Electronic (scanned) copies of: Curriculum Vitae; Medical License; DEA Certificate; CDS Certificate; IRS Form W-9; Malpractice Insurance Face Sheet; Summary of any pending or settled malpractice cases; Any other required supporting document
- k. Attestation and Disclosure

II. Primary Source Verification (PSV)

PSV of credentials is obtained from the source to determine the accuracy of the qualifications of an individual health care practitioner. Examples of PSV include but are not limited to, direct correspondence, telephone verification, and internet verifications (the 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 and CVO analyst who performed verification
- c. Categorization for each element with support notes
- d. Flags for expiring data element alerts.

Staff Identification Numbers for ACBH data management systems are issued upon completion of the PSV process.

III. Attestation and Disclosure

All BHP providers are required to attest electronically through the CVO web-based portal to the accuracy and completeness of their application and answer the disclosure questions contained in the provider application. A provider application is not considered complete until all required information is submitted, and all disclosure questions are answered. Attestation and disclosure occur during onboarding of a new provider, and a new attestation is required at every credentialing or re-credentialing event thereafter. (Ref MHSUDS IN No. 18-019, page 4).

A “**Yes**” response to any questions below requires an explanation to be submitted.

1. Licensure

- a. Has your license, registration, or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation, or any conditions or limitations by any state or professional licensing, registration or certification board?
- b. Has there been any challenge to your licensure, registration, or certification?

2. Hospital Privileges and Other Affiliations

- a. Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal, or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?
- b. Have you voluntarily or involuntarily surrendered, limited your privileges, or not reapplied for privileges while under investigation?

- c. Have you ever been terminated for cause or not renewed for cause from participation or been subject to any disciplinary action by any managed care organizations (including HMOs, PPOs, or provider organizations such as Independent Physician Associations, or Physician Hospital Organizations)?

3. Education, Training and Board Certification

- a. Were you ever placed on probation, disciplined, formally reprimanded, suspended, or asked to resign during an internship, residency, fellowship, preceptorship, or any other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended, or asked to resign?
- b. Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or any other clinical education program?
- c. Have any of your board certifications or eligibility ever been revoked?
- d. Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?

4. DEA or State Controlled Substance Registration

- a. Have your Federal DEA and/or State CDS certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?

5. Medicare, Medicaid or Other Governmental Program Participation

- a. Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified, or otherwise restricted from participation in the Medicare or Medicaid program, or other federal or state governmental healthcare plans or programs?

6. Other Sanctions or Investigations

- a. Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal, or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?
- b. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?
- c. Have you ever received sanctions from or are you currently the subject of any investigation by any regulatory agencies (e.g., CLIA, OSHA, DOJ, OIG, etc.)?
- d. Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined, or resigned in exchange for no

investigation or adverse action within the last ten (10) years for sexual harassment or other illegal misconduct?

- e. Are you currently being investigated, or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?

7. Professional Liability Insurance Information and Claims History

- a. Has your professional liability coverage ever been cancelled, restricted, declined, or not renewed by the carrier based on your individual liability history?
- b. Have you ever been assessed a surcharge or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?

8. Criminal/Civil History

- a. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?
- b. In the past ten (10) years, have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?
- c. Have you ever been court-martialed for actions related to your duties as a medical professional?

9. Ability to Perform Job

- a. Are you currently engaged in the illegal use of drugs? (*"Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription-controlled substances.*)
- b. Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?
- c. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients?

- d. Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?

10. Malpractice Claims History

- a. Have you had any professional liability actions (pending, settled, arbitrated, mediated, or litigated) within the past ten (10) years? If yes, provide information for each case.

IV. Staff¹ Status Reporting and Monthly BHP Staff Change Attestation

Contractors shall notify ACBH Information Systems (IS) within five (5) business days if there is any change in their staffing (i.e., provider) status. Examples include but are not limited to the following: provider is no longer with the organization, provider's position within the organization has changed, provider is deceased, provider failed to renew their license or registration, provider is under investigation, or provider license is suspended or revoked. This notification shall be made through the ACBH Staff Number Request E-Form.

Contractors shall also complete a [Staff Change Attestation E-Form](#) by the 15th of each month to affirm that all staff additions, departures, and information changes have been submitted to ACBH IS.

V. Delegated Authority to a Professional CVO

ACBH has entered into a formal and detailed agreement with a CVO, The Council for Affordable Quality Healthcare (CAQH), to perform PSV. CAQH is a Professional CVO certified by the National Committee for Quality Assurance (NCQA) and meets the standards of ACBH and DHCS. ACBH has evaluated the CVO's ability to perform these activities, which included an initial review to ensure the CVO has the administrative capacity, task experience, and budgetary resources to fulfill its responsibilities.

CAQH delivers all PSV documentation and a rating checklist for each data element to the HCSA/ACBH Office of Compliance Services (OCS) and ACBH Contracts Units, which are then forwarded to ACBH Quality Assurance (QA) for review and determination of approval or denial of a provider's qualification to participate as a BHP provider.

The ACBH Contracts Unit and HCSA OCS monitor the performance and service delivery of CAQH on an ongoing basis by:

¹ "Staff" in this section includes contractor's clinical and non-clinical employees, volunteers, owners with greater than 5% ownership interest and agents

1. Ensuring that CAQH is in compliance with all applicable state and federal laws and regulations and other contract requirements as well as DHCS guidance, including applicable Information Notices
2. Ensuring that CAQH is performing in accordance with the terms and conditions of the Master Service Agreement between ACBH and CAQH
3. Performing internal preliminary review of a subset of PSV files before they go to the Credentialing Review Committee to confirm the accuracy and/or consistency of data element ratings prepared by CVO
4. Verifying all NCQA Certifications awarded to CAQH are maintained as current and valid for the following PSV activities. Certifications are renewed every two years.
 - i. Application and Attestation Content
 - ii. Application Processing
 - iii. Board Certification status verification
 - iv. DEA Certification verification
 - v. Education and Training verification
 - vi. Malpractice Claims History verification
 - vii. Medical Board Sanctions / Sanctions against licensure verification
 - viii. Medicare / Medicaid Sanctions verification
 - ix. Ongoing Monitoring of Sanctions
 - x. License to Practice verification
 - xi. Work History verification

VI. ACBH Decision Points and Response to Quality Deficiencies

Rating Scores that fall below an A for the following data elements are referred to ACBH QA Office and HCSA Chief Compliance Officer (or designee) for closer review:

- License sanctions,
- Medicare/Medicaid sanctions,
- Medicare opt-out,
- OIG, SAM, SSDMF, NPPES, and State Medicaid Exclusions

Once notified that an ACBH employee or contractor is found and matched on any of the applicable exclusion and/or licensing board sanction lists or there is disciplinary action imposed on a licensed provider by a licensing board, including sanctions, suspension, or revocation of license to practice, the following actions will be taken:

- QA Office or HCSA/ACBH Compliance Officer or designee will initiate a hold to be placed on any claiming by the identified individual or entity.
- The ACBH Contracts Unit contacts the individual, contractor, or entity in writing and inquires/investigates the violation.
- If the individual is an ACBH employee, the ACBH QA Office contacts the individual's primary supervisor and their respective Division Program Director(s).

During the investigation process, ACBH maintains strict confidentiality of the nature and identity of the provider in question. Decision points are based on each individualized situation and/or circumstances, Community Based Standards, Evidence Based Practices, available credentialing reports, and contractual agreements.

Primary Source ratings of C, D, Q, and Z in the following categories are reviewed with the HCSA/ACBH Compliance Officer or designee, and a decision is made regarding whether they should be referred to the ACBH Credentialing Committee for a determination:

- Attestation – Provider declines to attest
- State license – Surrendered, suspended, revoked, or on probation.
- DEA – No DEA, expired, surrendered, revoked
- Board Certification – Revoked, expired, suspended, surrendered, or does not match the specialty
- Disclosure Questions: Provider declines to provide a response or sufficient explanation
- Hospital Privileges
- Malpractice History
- Disciplinary sanctions - Surrendered, suspended, revoked, or on probation.
- All other Sanctions & Exclusions – OIG, SAM, Medicare/Medicaid, Medicare Opt-out, SSDMF, NPPES, State Medicaid

Cases requiring review by the ACBH Credentialing Committee are presented during committee meetings. The Committee is comprised of a multidisciplinary team of behavioral health professionals.

ACBH Credentialing Committee is responsible for effectively communicating the provider's 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 findings to the ACBH Unit Directors. ACBH Unit Directors must provide, at a minimum, one alternate or designee from their ACBH Unit.

When communicating with ACBH Unit Directors, the Credentialing Committee will consider the following:

1. The key message(s) to be conveyed (e.g., nature of the alert, need for *immediacy* of action(s));
2. The key stakeholders to whom the key message(s) will be conveyed (e.g., consider clients, funders, community leaders, service providers, etc.);
3. The best approach to reach each key stakeholder, including who/how the message should be conveyed (e.g., which Unit will, or is recommended to, notify the provider, certified mail, legal, etc.); and

4. How will ACBH know if and when the stakeholders have received the communication?

Committee members make a determination about the case, including establishing disciplinary actions as appropriate. Determinations are made based on credible information through an unbiased lens. Committee actions are transparent in that the provider in question is fully informed of the process and rationale for any disciplinary action(s).

A report is prepared within 30 days from the date of the completion of the investigation. The QA Office submits the report and recommendations to the ACBH Executive Team and the Alameda County HCSA Human Resources (HR) Department, as applicable, for further action when necessary.

VII. Decision Points and Remediation / Corrective Actions for Violations

Refer to HCSA Office of Compliance Services (OCS) Policy No. OCS.C.001, [Exclusion Screening](#), for the standards by which HCSA screens all workforce members and vendors for restrictions on their ability to participate in federal or state healthcare programs and contracts.

VIII. Ongoing Monitoring and Retention of Records

Refer to ACBH Policy No. 1702-1, [Record and Data Retention and Destruction of Protected Health Information](#); for lengths of time, data and records must be maintained to comply with federal, state, and local requirements.

NON-COMPLIANCE

Failure to comply with the credentialing or re-credentialing requirements, including timely attestation and disclosures, may result in application processing delays or ineligibility, suspension of privileges, payment hold, and other disciplinary action as deemed appropriate by the ACBH Credentialing Committee and/or HCSA Office of Compliance Services.

CONTACT

ACBH Office	Current Date	Email/Phone
ACBH Contracts Unit		Credentialing@acgov.org
HCSA/ ACBH Office of Compliance Services		HCSA.compliance@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH Contract Providers

- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Dave Abramson; Sharon Loveseth

Original Date of Approval: 06/30/2014

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
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	12/16/19 Karyn Tribble, PsyD, LCSW; Director
Anna McKenzie, Management Analyst; Karen Capece, Quality Management Director, Torfeh Rejali, QA Administrator	MHSUDS Information Notice (IN) No:18-019; Council for Affordable Quality Healthcare (CAQH) contracted CVO; HCSA Policy No. OCS.C.0012, Exclusion Screening	10/25/2022 Karyn Tribble, PsyD, LCSW; Director

DEFINITIONS

Term	Definition
Alcohol and Other Drug Program	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
Specialty Mental Health Services	Providers include 1) county-owned and operated clinics that provide specialty mental health services to Medi-Cal beneficiaries and, 2) Individuals and organizations who are contracted with ACBH to provide specialty mental health services to Medi-Cal beneficiaries
Substance Use Disorder (SUD) Counselor	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).
Licensed Professional of the Healing Arts (LPHA)	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
Therapist	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.
Registrant Counselor	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)).
Intern Therapist	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.
DHCS Approved Certifying Organization	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: http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx

APPENDICES

NONE