



El Dorado County  
Health and Human Services Agency  
Substance Use Disorder Services  
Policy and Procedure

CREDENTIALING AND RE-CREDENTIALING FOR COUNTY DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) NETWORK PROVIDERS <i>Don Semon</i>	Policy Number	<b>N-SUDS-004</b>
	Date Adopted	<i>5-1-20</i>
	Date Revised	
Approved By <b>Don Semon, Director</b>	Page Number	1 of 2

**PURPOSE**

The purpose of this policy is to ensure that the El Dorado County Substance Use Disorder Services (SUDS) complies with the state and federal requirements related to credentialing and re-credentialing of DMC-ODS Network Providers. The Managed Care Final Rule requires the State to establish a uniform credentialing and re-credentialing policy that addresses behavioral health and substance use disorder services providers. The credentialing process is one component of the comprehensive quality improvement system included in all Plan contracts. The credentialing process may include registration, certification, licensure, and/or professional association membership. Credentialing ensures that providers are licensed, registered, waived, and/or certified as required by state and federal law.

**POLICY**

El Dorado County SUDS must ensure that each of its network providers is qualified in accordance with current legal, professional, and technical standards, and is appropriately licensed, registered, waived, and/or certified. These providers must be in good standing with the Medicaid/Medi-Cal programs. Any provider excluded from participation in Federal health care programs, including Medicare or Medicaid/Medi-Cal, may not participate in any Plan's provider network. El Dorado County SUDS is required to implement and maintain written policies and procedures for the initial credentialing and re-credentialing of DMC-ODS Network providers in accordance with MHSUDS Information Notice No: 18-019



El Dorado County  
Health and Human Services Agency  
Policy and Procedure

PROVIDER CREDENTIALING AND RE-CREDENTIALING FOR COUNTY DRUG MEDICAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) PROVIDERS		Policy Number	<b>N-SUDS-004</b>		
Date Adopted	5-1-20	Date Revised		Page	2 of 2

**PROCEDURE**

Please see attached Procedure for Credentialing and Re-credentialing Network Providers

**REFERENCE**

Title 42 of the Code of Federal Regulations, Part 438.214

MHSUDS INFORMATION NOTICE NO.: 18-019

Intergovernmental Agreement Exhibit A, Attachment I, II, 5, E, i, a, i-ii

**ATTACHMENTS**

Substance Use Disorder Services DMC-ODS Network Provider Attestation Form

Procedure for Credentialing and Re-credentialing Network Providers

Practitioner Information Form



**EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY**

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**Substance Use Disorder Services DMC-ODS**

**Procedure for Credentialing and Re-Credentialing Network Providers**

**Clinical provider credentialing**

Provider credentialing ensures that providers are licensed, registered, waived, and/or certified as required by state and federal law. The uniform credentialing and re-credentialing requirements apply to all licensed, waived, or registered mental health providers and licensed substance use disorder services providers. Applicable provider types include licensed, registered, or waived mental health providers, licensed practitioners of healing arts, and registered or certified Alcohol or Other Drug counselors.

- All EDC DMC ODS clinical staff and contract provider clinical staff must be appropriately licensed, registered, waived, and/or certified.
- Contracted network providers must be in good standing with the Medicaid/Medi-Cal programs.
- Any provider excluded from participation in Federal health care programs, including Medicare or Medicaid/Medi-Cal, may not participate in any EDC DMC ODS.

QA/UR staff may delegate credentialing and re-credentialing to a professional credentialing verification organization under a formal and detailed agreement with the entity performing those activities. Before these functions are delegated, QA/UR staff shall:

- Evaluate the credentialing organization's ability to perform these activities including an initial review to assure it has the administrative capacity, task experience, and budgetary resources to fulfill its responsibilities;
- Ensure credentialing organization meets EDC DMC ODS standards and all applicable state and federal law and regulations and other contract requirements.

- Maintain a system for reporting serious quality deficiencies that result in suspension or termination of a contract provider to state regulatory authorities.

For all licensed, waived, registered and/or certified providers, EDC DMC ODS will either directly verify and document the required credentialing information, or delegate the process. When applicable to the provider type, the information must be verified by the EDC DMC ODS unless EDC DMC ODS can demonstrate the required information has been previously verified by the applicable licensing, certification and/or registration board.

### **Initial Provider Credentialing**

Providers must be licensed, registered, or waived mental health providers, licensed practitioners of healing arts and registered or certified alcohol or other drug counselors. Upon hiring of new provider staff at County operated facilities and at network provider facilities, a Practitioner Information Sheet for each new hire shall be completed and sent to: [sudsqualityassurance@edcgov.us](mailto:sudsqualityassurance@edcgov.us)

EDC DMC ODS program staff shall verify and document the following items in the provider's file through the appropriate state licensing entity:

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 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.
5. Signed and dated attestation from provider attesting to:
  - a. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation
  - b. History of loss of license
  - c. History of felony convictions.
  - d. History of loss or limitation of privileges or disciplinary activity

- e. Lack of present illegal drug use.
- f. The accuracy and completeness of the attestations.

NOTE: A felony conviction does not automatically exclude a provider from participation in the Plan's network.

In addition, contracted network providers operating facilities must:

- Provide for appropriate supervision of staff;
- Have as head of service a licensed mental health professional or other appropriate individual as described in state regulations;
- Possess appropriate liability insurance;
- Maintain a safe facility;
- Store and dispense medications in compliance with all applicable state and federal laws and regulations;
- Maintain client records in a manner that meets state and federal standards;
- Meet the standards and requirements of the EDC DMC ODS Quality Improvement Program;
- Have accounting and fiscal practices that are sufficient to comply with its obligations pursuant to state code; and
- Meet any additional requirements that are established by EDC DMC ODS as part of a credentialing or evaluation process, including an onsite review at least every three (3) years.

### **Re-credentialing**

EDC DMC ODS shall verify and document at a least every three years that each provider that delivers clinical services continues to possess valid credentials. County and Network providers shall track license and certification expiration dates and notify DMC-ODS Quality Assurance on a regular basis.

### **Clinical professionals**

The following categories of professionals are eligible to provide services through EDC DMC ODS:

- Registered and certified SUD counselors

- SUD Peer Counselors (delivering peer-to-peer substance abuse assistance services as a component of recovery services). These counselors must complete a county approved peer training and/or county approved certification program.
- Licensed Practitioners of the Healing Arts (LPHAs), which include:
  - Physicians;
  - Nurse Practitioners;
  - Physician Assistants;
  - Registered Nurses;
  - Registered Pharmacists;
  - Licensed Clinical Psychologists;
  - Licensed Clinical Social Workers;
  - Licensed Professional Clinical Counselors;
  - Licensed Marriage and Family Therapists; and
  - License Eligible Practitioners working under the supervision of Licensed Clinicians.

EDC DMC ODS shall verify and document the following information from each network provider, as applicable:

- Work history
- Hospital and clinic privileges in good standing
- History of any suspension or curtailment of hospital and clinic privileges
- Current Drug Enforcement Administration identification number
- National Provider Identifier number
- Current malpractice insurance in an adequate amount, as required for the particular provider type
- History of liability claims against the provider
- Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>
- History of sanctions from participating in 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 the network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>;

- History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

### **Excluded Providers**

The EDC DMC ODS Plan shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act.

### **Additional Department requirements**

The EDC DMC ODS Plan shall comply with any additional requirements established by the Department of Health Care Services.

### **Monitoring**

EDC DMC ODS closely monitors and engages regularly with contract providers to ensure their retention. The purpose is to head off potential contractual issues and compliance deficiencies. Addressing potential contractual issues as soon as possible reduces the likelihood of contract nonrenewal and loss of providers due to poor performance or noncompliance. In addition, the purpose of this process is to provide early identification and prevention of quality of care or noncompliance issues that could jeopardize providers' contract with EDC DMC ODS, DHCS DMC certification and/or the licensure of their Licensed Practitioners of the Healing Arts (LPHAs), thus potentially making these providers ineligible for recertification/retention.

The County will monitor compliance with the credentialing/re-credentialing requirements and other contract terms and conditions at least annually via desk and onsite monitoring reviews. Providers found to be non-compliant will be provided technical assistance and required to complete and submit a Corrective Action Plan, as applicable.



**EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY**

**Substance Use Disorder Services DMC-ODS  
Network Provider Attestation**

Rendering Provider Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

I have reviewed the El Dorado County Substance Use Disorder Services (SUDS) Credentialing Policy. As a service provider for SUDS, I understand that SUDS Policy requires me to be able to provide services for which Medicare and Medi-Cal will pay directly or indirectly, including services which are clinical or administrative/managerial in nature, including support services and I attest to the following:

I am able to provide services under federally funded health care programs. Specifically:

- a.  I have\*  I have not (*please check one*) been convicted of a felony offense related to health care, or have a history of loss of license.
- b.  I have\*  I have not (*please check one*) been debarred, excluded or otherwise made in-eligible to provide services under federally funded health care programs, by a State or a federal agency.
- c.  I have\*  I do not have (*please check one*) a history of loss or limitation of privileges or disciplinary activity;
- d.  I do  I do not (*please check one*) have limitations or incapacities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation
- e.  I am  I am not (*please check one*) using illegal drugs.

*\*A felony conviction does not automatically exclude a provider from participation in the Plan's network. However, in accordance with 42 C.F.R. §§ 438.214(d), 438.610(a) and (b), and 438.808(b), Plans may not employ or contract with individuals excluded from participation in Federal health care programs under either Section 1128 or Section 1128A of the Social Security Act. If you have been convicted of a felony offence related to health care, have been debarred, excluded or are otherwise ineligible, or have a history of loss or limitation of privileges or disciplinary action please provide a detailed explanation on the back of this form.*

I understand that it is my responsibility to notify my immediate Supervisor or higher-level manager of any change in my ability to provide services under federally funded health care programs, including suspension or exclusion. Further, I understand that El Dorado County will verify my ability to participate in federally funded health care programs on not less than a tri-annual basis.

BY SIGNING, I CERTIFY THAT I HAVE COMPLETED THIS ATTESTATION ACCURATELY AND COMPLETELY AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, SERVICES RENDERED BY ME AS A PROVIDER OF EL DORADO COUNTY SUDS DMC-ODS NETWORK OF CARE MAY BE BILLED TO MEDI-CAL AND MEDICARE AS APPROPRIATE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature



# PRACTITIONER INFORMATION SHEET

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ LOCATED IN CLINIC BLDG?: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ BEEPER #: \_\_\_\_\_

CLINICIAN LICENSE #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ STATE: \_\_\_\_\_

NPI #: \_\_\_\_\_ TAXONOMY CODE: \_\_\_\_\_ REGISTRY #: \_\_\_\_\_

DEA LICENSE #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**PLEASE SELECT ONE FROM EACH OF THE FOLLOWING LISTS**

**DISCIPLINE (Only 1)**

- |                          |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Alcohol Counseling         |
| <input type="checkbox"/> | Medicine                   |
| <input type="checkbox"/> | Mental Health Counseling   |
| <input type="checkbox"/> | Nursing                    |
| <input type="checkbox"/> | Social Work                |
| <input type="checkbox"/> | Other Addiction Counseling |
| <input type="checkbox"/> | Other                      |

**PRACTITIONER CATEGORIES for COVERAGE**

**(Check all that apply)**

- |                          |                       |                          |       |
|--------------------------|-----------------------|--------------------------|-------|
| <input type="checkbox"/> | ASW                   | <input type="checkbox"/> | MD    |
| <input type="checkbox"/> | CAC                   | <input type="checkbox"/> | MFTI  |
| <input type="checkbox"/> | CASE-MGN              | <input type="checkbox"/> | MFT   |
| <input type="checkbox"/> | CAS                   | <input type="checkbox"/> | MHC   |
| <input type="checkbox"/> | CNS                   | <input type="checkbox"/> | NP    |
| <input type="checkbox"/> | DO                    | <input type="checkbox"/> | PA    |
| <input type="checkbox"/> | FNP                   | <input type="checkbox"/> | PhD   |
| <input type="checkbox"/> | LCSW                  | <input type="checkbox"/> | RAS   |
| <input type="checkbox"/> | LPCC                  | <input type="checkbox"/> | RN    |
| <input type="checkbox"/> | LPT                   | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | LVN                   |                          |       |
| <input type="checkbox"/> | Nurse Practitioner    |                          |       |
| <input type="checkbox"/> | Physician's Assistant |                          |       |
| <input type="checkbox"/> | Psychiatrist          |                          |       |
| <input type="checkbox"/> | Intern/Other Waivered |                          |       |

**PRACTITIONER CATEGORY = Contract Provider**

Practitioner Name should include the Contract Provider (MN)