



# EDC DMC-ODS Credentialing/Recredentialing & Training at Hire Process

EL DORADO COUNTY SUDS MONTHLY PROVIDER MEETING  
FRIDAY, AUGUST 12, 2022

# EDC DMC-ODS Provider credentialing

In addition to responsibilities outlined in the County/Provider Contract Exhibit I and DHCS Information Notice 18-019, which is based on 42 CFR, Part 438.214. DMC-ODS Providers are responsible for performing and documenting the following to ensure that staff are appropriately licensed, registered, waived and/or certified as required by state and federal law. Contractor shall provide evidence of these completed verifications when requested by County, DHCS or the US Department of Health & Human Services.

# DMC-ODS 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.

# Credentialing Overview

El Dorado County DMC-ODS has revamped the Credentialing process and requirements.

The changes include the addition of new training requirements at hire and annually, new required forms to submit documenting completion and a new separation form.

# Credentialing Overview

## **Why is this training happening?**

During the most recent DHCS monitoring cycle, El Dorado County DMC-ODS received a Corrective Action Plan (some of you may be familiar with these).

The CAP contained a couple of Compliance Deficiencies.

# Credentialing Overview

## Why is this training happening?

The Compliance Deficiencies stated in essence that:

- EDC DMC-ODS needed to do a better job at verifying that all workforce staff were trained in DMC-ODS Information Privacy and Security and Confidentiality
  - At hire and annual training
  - Documentation

# Credentialing Overview

## Why is this training happening?

This training is the first step in an EDC DMC-ODS Quality Assurance process to address the Compliance Deficiencies.

As some of you have seen, an EDC DMC-ODS Quality Assurance has revamped our credentialing process around notifications.

Always, EDC DMC-ODS is available for any Technical Assistance once you have completed this training.

# Credentialing Overview

## What has changed

- ▶ New Required forms
  - ▶ DMC-ODS Credentialing Information Checklist
  - ▶ EDC DMC-ODS Network Provider Attestation Rev. 05-2022
  - ▶ EDC DMC-ODS Practitioner Information Form
  - ▶ SUDS DMC-ODS Practitioner Separation Form



# Credentialing Overview

## What has changed

- ▶ At Hire and Annual
  - ▶ DMC-ODS Information Privacy and Security and Confidentiality training
  - ▶ DMC-ODS Information Privacy and Security and Confidentiality training forms required

# Credentialing Overview

## What has changed

- ▶ Policy and Procedure for a practitioner having a suspended, revoked or expired credential

# Credentialing Overview

## What has not changed

- ▶ Submitting credentialing information for new and existing staff
  - ▶ Still required for both

# Credentialing Procedure

## **Contracted Agency Responsibilities**

# Credentialing Procedure

- ▶ For all new hires into the EDC DMC-ODS Provider Network, SUDS QA staff shall request Credentialing documentation that includes, but is not limited to:
  - ▶ Credentialing Attestation Form
  - ▶ Practitioner Information Sheet
  - ▶ Copy of SUD Certification or Registration w/expiration dates **or**
  - ▶ Copy of BBS License w/expiration dates **or**
  - ▶ Copy of Medical Board of CA License
  - ▶ Verification of required ASAM Training **LPHAs and Counselors/Registrants**
  - ▶ Attestation of complete personnel file that contains:
    - ▶ Work history, education, trainings, certifications and/or licensure, on-site orientation for non-professional staff.

# Credentialing Procedure

- ▶ For all new hires into the EDC DMC-ODS Provider Network, SUDS QA staff shall request Credentialing documentation that includes, but is not limited to:
  - ▶ Confidentiality (Privacy and Security) Training that includes:
    - ▶ At a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies
  - ▶ Signed certification of training in Confidentiality (Privacy and Security) that includes:
    - ▶ Staff name and date of training
    - ▶ Provider must keep on file for a period of six (6) years
    - ▶ Signed Confidentiality Statement that includes:
      - ▶ At a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies

# Credentialing Procedure

## **DMC-ODS Information Privacy and Security and Confidentiality Training**

This training will be offered yearly via Zoom and will be recorded for On-Demand viewing on the EDC SUDS Webpage, at the bottom of the Training Information tab.

# Credentialing Procedure

## **DMC-ODS Information Privacy and Security and Confidentiality**

### Training Video On-Demand Verification of Completion Procedure

El Dorado County Substance Use Disorders Services has initiated a format for verification that workforce staff have viewed the training video.



# Credentialing Procedure

## DMC-ODS Information Privacy and Security and Confidentiality

### Training Video On-Demand Verification of Completion Procedure

The procedure is as follows:

1. Watch the DMC-ODS Information Privacy and Security and Confidentiality Training Video On-Demand via the El Dorado County Substance Use Disorders Services web page.
  - <https://www.edcgov.us/Government/MentalHealth/Pages/SUD-Training.aspx>
2. Email El Dorado County Substance Use Disorders Services at [sudsqualityassurance@edcgov.us](mailto:sudsqualityassurance@edcgov.us) and request the Video On-Demand Examination
3. Complete the Video On-Demand Examination and return it to [sudsqualityassurance@edcgov.us](mailto:sudsqualityassurance@edcgov.us)
4. Complete the two forms discussed in the video- Privacy and Security Training Certification & Compliance Agreement 07122022 and HHSa Confidentiality Statement and email them to [sudsqualityassurance@edcgov.us](mailto:sudsqualityassurance@edcgov.us)

# Credentialing Procedure

## **DMC-ODS Information Privacy and Security and Confidentiality**

### **Training Video On-Demand Verification of Completion Procedure**

Successful completion of the Video On-Demand Examination is a minimum of 7 correct answers.

Upon verification of a successful completion of the Video On-Demand Examination, the Privacy and Security Training Certification & Compliance Agreement 07122022 and HHS Confidentiality Statement will be accepted, and a completion certificate will be emailed.

# Non-Professional Staff requirements

▶ Providers shall have a process to ensure that non-professional staff receive appropriate onsite orientation and training prior to performing assigned duties. Onsite orientation and training shall include, at minimum:

- ▶ Facility safety procedures and supplies, evacuation routes, emergency procedures
- ▶ Written job description or list of duties
- ▶ Code of Conduct
- ▶ Medical Director's Policy and Procedures document, location, and usage
- ▶ Training on Medication Policies and Procedures (if applicable)
- ▶ Other training as required by provider's policies and procedures

# Non-Professional Staff requirements

- ▶ As with Professional staff, *all Non-Professional staff who assist in the performance of contracted activities or access or disclose PHI, PII or PI of EDC DMC-ODS clients* will be required to complete the DMC-ODS Information Privacy and Security and Confidentiality training at the time of hire and then at least annually while employed by the agency.
  - ▶ Examples of Non-Professional Staff include:
    - ▶ Intake Coordinators
    - ▶ Billing Technicians
    - ▶ Front Desk Personnel
    - ▶ Administrative Coordinators
- ▶ EDC DMC-ODS will monitor for compliance on an annual basis

# Credentialing Procedure

- ▶ Practitioner Agency shall send requested information to [sudsqualityassurance@edcgov.us](mailto:sudsqualityassurance@edcgov.us) for SUDS QA review and processing.
- ▶ Upon successful review, the Agency will be notified that the staff member has been credentialed/re-credentialed or verified as having completed the requirements of the EDC DMC-ODS workforce.

# Storage Requirements

- ▶ For Staff Who Access, Disclose and/or Work with PHI, PII, and PI
  - ▶ The Provider must retain Information Privacy and Security Training certifications for a period of six (6) years following contract termination.
  - ▶ The Provider shall retain each person's written Confidentiality Statement for a period of six (6) years following contract termination.

# Credentialing Procedure

EDC DMC-ODS

Responsibilities

# Credentialing Procedure

- ▶ QA staff process the documentation as follows:
  - ▶ Reviews documentation for accuracy and completeness
  - ▶ Enters practitioner information into the tracking spreadsheet
    - ▶ Name and Provider Agency
    - ▶ Date credentialing/re-credentialing is approved
    - ▶ BBS or SUD certifying/licensing organization, practitioner number, expiration dates
    - ▶ Dates of required ASAM training
    - ▶ Dates of Initial Confidentiality (Privacy and Security) Training Certification
    - ▶ Dates of Initial Confidentiality Statement
    - ▶ Dates of Onsite orientation for Non-Professional staff



# Credentialing Procedure

- ▶ QA staff process the documentation as follows:
  - ▶ Places electronic copies of verifications into Network Provider Agency Folders
  - ▶ Agency folders are held on a secure drive accessible to SUDS QA staff only for a period of 10 years.

# Credentialing Procedure

- ▶ QA staff will then send the Practitioner Information Sheet to the SUDS billing team with the following information:
  - ▶ Practitioner's full name
  - ▶ NPI number and taxonomy code
  - ▶ License/Certification information
  - ▶ Signature confirmation from SUDS QA staff that practitioner is credentialed/re-credentialed and has appropriate training prior to service provision

# Credentialing Procedure

- ▶ QA staff will then send the Practitioner Information Sheet to the SUDS billing team with the following information

## Why this is very important:

**The billing team will remove/hold any charges for DMC-ODS services provided by a practitioner who does not have signature confirmation from SUDS QA and forward the practitioner's information to SUDS QA staff. SUDS QA staff will attempt to resolve any credentialing or training issues that prevent payment. If staff cannot resolve credentialing and/or training issues staff may disallow/deny the related charges and/or open a corrective action plan with the provider agency.**

# Credentialing Procedure

- ▶ QA staff reviews the data on a monthly basis. QA staff will send out an email to each provider agency with the following information by the 10<sup>th</sup> of each month:
  - ▶ A list of those staff whose credentials are set to expire the following month.
  - ▶ A staff roster for confirmation of any changes to staffing
  - ▶ Any other credentialing/re-credentialing compliance issue if applicable

# Credentialing Procedure

## Valenz Assurance

SUDS QA obtains additional information for review through a contract with Valenz Assurance. Valenz runs a monthly exclusion check for all network practitioners in accordance with DMC-ODS requirements to ensure that no practitioner has suspended, revoked or expired credentials.

# Credentialing Procedure

- ▶ Valenz checks each practitioner's status against the:
  - ▶ Social Security Administration's Death Master file
  - ▶ The National Plan and Provider Enumeration System (NPPES)
  - ▶ List of Excluded Individuals/Entities (LEIE)
  - ▶ System for Award Management (SAM) system
  - ▶ The three California approved SUD counselor certifying agencies
    - ▶ Board of Behavioral Sciences
- ▶ Valenz reports are placed in each Provider Agency file on a secured drive accessible to SUDS QA staff only.

# Credentialing Procedure

## Suspended, revoked or expired credential

► In the case of a practitioner having a suspended, revoked or expired credential, SUDS QA staff will notify the SUDS QA Supervisor or Program Manager no later than the end of the next business day.

Supervisor or designee will:

1. Immediately investigate any practitioner identified as excluded
2. Send the practitioner and practitioner's employing agency a letter notifying that credentialing is revoked and how to resolve.
3. Contact County Fiscal and IT staff to revoke the practitioner billing permissions in the EHR.

# Credentialing Procedure

## Suspended, revoked or expired credential

- ▶ In the case of a practitioner having a suspended, revoked or expired credential, SUDS QA staff will notify the SUDS QA Supervisor or Program Manager no later than the end of the next business day. Supervisor or designee will:
  4. Notify Fiscal of any need for disallowances of billed services
  5. Work with practitioner toward resolution if possible
  6. If no resolution within 30 days, a corrective action plan will be initiated, and the individual practitioner will not have credentialed status.
  7. If after the 30 days, the individual meets all credentialing requirements they may reapply to be credentialed with SUDS QA.



# Medical Director required paperwork

- ▶ Copy of License
- ▶ EDC DMC-ODS Provider Attestation
- ▶ EDC DMC-ODS Clinician Information Sheet
- ▶ Signed and dated Medical Director Code of Conduct
- ▶ Signed and dated Medical Director Role and Responsibilities/Policies and Standards
- ▶ FY xx-xx Addiction Medicine specific CMEs-Minimum 5
- ▶ Privacy and Security Training Certification
- ▶ Confidentiality Statement

# LPHA required paperwork

- ▶ Copy of License
- ▶ EDC DMC-ODS Provider Attestation
- ▶ EDC DMC-ODS Clinician Information Sheet
- ▶ ASAM e-Module I & II completion certificates
- ▶ FY xx-xx Addiction Medicine specific CMEs-  
Minimum 5
- ▶ Privacy and Security Training Certification
- ▶ Confidentiality Statement

# Counselors/Registrants required paperwork

- ▶ Copy of Certification/Registration
- ▶ EDC DMC-ODS Provider Attestation
- ▶ EDC DMC-ODS Clinician Information Sheet
- ▶ ASAM e-Module I & II completion certificates
- ▶ Privacy and Security Training Certification
- ▶ Confidentiality Statement

## Interns (if utilized)required paperwork

- ▶ Copy of 9 Hours Ethics Training (same as required for Registrants prior to school entry)
- ▶ EDC DMC-ODS Provider Attestation
- ▶ EDC DMC-ODS Clinician Information Sheet
- ▶ ASAM e-Module I & II completion certificates
- ▶ Intern-Agency agreement
- ▶ Privacy and Security Training Certification
- ▶ Confidentiality Statement

# Credentialing Information Checklist

## Substance Use Disorder Services DMC-ODS

### Credentialing Information Checklist

This checklist is used ensure that all required documentation is submitted for Practitioner Credentialing for the EDC DMC-ODS Network. Credentialing request may be delayed or denied unless all required documents are submitted to:

[sudsqualityassurance@edcgov.us](mailto:sudsqualityassurance@edcgov.us)

Item #		
1.	Completed Practitioner Information Form	
2.	Copy of Practitioner's License, Certification or Registration	
3.	Completed and Signed Network Provider Attestation Form	
4.	Verification of ASAM Trainings: ASAM e-Modules I & II or County approved equivalent	
5.	Privacy and Security Training Certification	
6.	Confidentiality Statement	
8.	Medical Director's Code of Conduct and Roles and Responsibilities*	

\* For credentialing of Medical Director only

# SUDS DMC-ODS Practitioner Information Form



## EL DORADO COUNTY BEHAVIORAL HEALTH DIVISION CONTRACT PROVIDER PRACTITIONER INFORMATION SHEET

Please complete this form and email to: [sudsqualityassurance@edcgov](mailto:sudsqualityassurance@edcgov)

Practitioner Name			Hire Date	
Work Address				
Work Phone		Email		
Practitioner NPI#				
Taxonomy Code				
DISCIPLINE (Choose one)				
Addiction Counseling <input type="checkbox"/> Medicine <input type="checkbox"/> Mental Health Clinician/Counselor <input type="checkbox"/> Social Work <input type="checkbox"/> Other: _____				
Certification or License Type and Number				
State and Expiration Date				

Notes:

County Use Only			
Credentialing Approved on:		Credentialing Approved By: (Signature)	
Print Name:		Title:	

# Network Provider Attestation

## 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 disabilities 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.

Supervisor's Attestation: \_\_\_\_\_

\_\_\_\_\_ has the appropriate experience and training upon hire evidenced by documentation of a job application containing work history, education, trainings, certifications and licensure contained in a personnel file at the agency site. These documents are stored for a minimum of six (6) years and are available to County upon request. *Supervisor's Initials:* \_\_\_\_\_

\*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 offense 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

# Privacy and Security Training Certification & Compliance Agreement

## Privacy and Security Training

### Training Completion Certification and Compliance Agreement

All Behavioral Health – Substance Use Disorder Services (BHSUDS) workforce members staff who assist in the performance of contracted activities or access or disclose Protected Health Information (PHI), Personally Identifiable Information (PII) or Personal Information (PI) must complete Information Privacy and Security Training, upon hire and at least annually.

I, \_\_\_\_\_, have completed the County of El Dorado Health and Human Services Agency (HHS) BHSUDS Privacy and Security Training as required. While performing my official duties, I may have access to protected health information and personally identifiable information. I understand that:

- PHI, PII and PI is individually identifiable personal and health information that is created, received, transmitted, maintained, or used within the County and Contract Provider Network.
- PHI, PII and PI is not available to the public.
- Special precautions are necessary to protect this type of information from unlawful or unauthorized access, use, modification, disclosure, or destruction.

I agree to:

- Access, use, or modify PHI, PII and PI only for the purposes of performing my official duties.
- Never access or use PHI, PII and PI out of curiosity or for personal interest or advantage.
- Never show, discuss, or disclose PHI, PII and PI to or with anyone who does not have the legal authority to receive the information.
- Never retaliate, coerce, threaten, intimidate, or discriminate against or take other retaliatory actions against individuals or others who file complaints or participate in investigations or compliance reviews with regard to PHI, PII and PI.
- Never remove PHI, PII and PI from the work area without authorization.
- Treat passwords as confidential information.
- Exercise due care to preserve the integrity and confidentiality of electronic protected health information.

- Dispose of PHI, PII and PI by utilizing an approved method of destruction, which includes shredding. I will not dispose of such information in open waste baskets or recycle bins.
- Notify my supervisor, the Privacy/Compliance Officer, and/or the Information Security Officer, as applicable, of a possible violation.

I agree to comply with the terms and requirements provided in the training, including protecting and safeguarding the privacy and security of PHI, PII and PI. I understand penalties for violating any of the above limitations may include disciplinary action, and civil or criminal prosecution.

Date Training Completed: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed



# HHSA Confidentiality Statement



## EL DORADO COUNTY HEALTH AND HUMAN SERVICES

### CONFIDENTIALITY STATEMENT

Federal and State Laws and Regulations governing the administration of Health and Human Services programs contain specific confidentiality requirements. It is imperative that Department employees hold in confidence client information and related data under the terms of those requirements.

I understand that, in connection with my employment with the El Dorado County Health and Human Services Agency (HHSA), I may have access to confidential information. I understand that the confidentiality of this information is protected by law and that any breach of confidentiality is a misdemeanor punishable by up to six months in jail, or by a fine of \$500, or both.

I understand that if one of my relatives, or I myself, has had a case or record with HHSA which I feel should be kept confidential, I will notify my supervisor so that access to that case information will be restricted to only certain persons working within the department.

I have read and I understand the following directives related to confidentiality:

#### **Health and Human Services Agency Privacy and Confidentiality of Client Information Policy A-HH-012**

I hereby agree to abide by the above directives and to consult with my supervisor on any questions I may have regarding confidentiality. In signing this document, I confirm knowledge of the confidentiality requirements and agree to keep confidential all client information and related data as required by law. I have received a copy of this statement.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Please return signed form to: [sudsqualityassurance@edcgov.us](mailto:sudsqualityassurance@edcgov.us)

# Practitioner Separation Form



## EL DORADO COUNTY BEHAVIORAL HEALTH DIVISION CONTRACT PROVIDER PRACTITIONER SEPARATION SHEET

Please complete this form and email to: [sudsqualityassurance@edcgov](mailto:sudsqualityassurance@edcgov)

Practitioner Name		Hire Date	
Agency Name		Separation Date	
Work Address			
Work Phone #		Practitioner NPI#	
License/Certification/Registration	<input type="checkbox"/> BBS <input type="checkbox"/> CADTP <input type="checkbox"/> CCAPP <input type="checkbox"/> CAADE <input type="checkbox"/> CA Med Board <input type="checkbox"/> Other		
Certification or License Number			
Expiration Date			

Credentiaing Designee Name:	Date:
Credentiaing Designee Signature:	

<small>County Use Only</small>	
EDC DMC-ODS Staff Name	Separation Receipt Date
DMC-ODS Staff Signature	



# Questions

# El Dorado County Substance Use Disorder Services

Quality Assurance Supervisor  
Shaun O'Malley  
[shaun.omalley@edcgov.us](mailto:shaun.omalley@edcgov.us)

Quality Assurance Training Coordinator  
Dennis Wade  
[dennis.wade@edcgov.us](mailto:dennis.wade@edcgov.us)

