I. Staff Qualifications & Supervision

Providers are responsible for ensuring that all staff meets the requirements of Federal, State, and County regulations regarding licensure, training, clinician/client ratios and staff qualifications for providing direct member care and billing for treatment services. The provider shall adhere to staff qualification standards and must obtain approval from their Program Monitor or designee for any exceptions.

The requirement for credentialing is outlined in the California Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 18-019 (Final Rule: Credentialing), established pursuant to Title 42 of the Code of Federal Regulations, Part 438.214. The credentialing process is one component of the comprehensive quality improvement system included in all Behavioral Health Plan (BHP) contracts and is a required condition for participation in the County's provider network and for reimbursement. Services must be provided by professionals who are credentialed according to state requirements and the County, as a BHP, must certify that a provider meets all credentialing criteria prior to delivery of services.

Additionally, DHCS requires each Plan to verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements. The County issues monthly attestations to DHCS that all billed services meet medical necessity and that all providers were eligible at the time of service.

Ethical and Legal Standards

Programs shall develop and implement policies, procedures and training protocol that ensure that its employees, subcontractors, subcontractor employees and volunteers adhere to the highest ethical and legal conduct standards when performing work under the terms and conditions of the contract.

Discrimination

Providers shall not unlawfully discriminate against any person as defined under the laws of the United States and the State of California. Programs may not discriminate between employees with spouses and employees with domestic partners or discriminates between employees with spouses or domestic partners of a different sex and employees with spouses or domestic partners of the same sex or discriminates between same-sex and different-sex domestic partners of employees or between same-sex and different-sex spouses of employees. (Public Contract Code section 10295.3)

Programs may not discriminate between employees on the basis of an employee's or dependent's actual or perceived gender identity, including, but not limited to, the

employee's or dependent's identification as transgender. (Public Contract Code section 10295.35)

Federal and State Database Checks

Prior to employment, programs are required to check the following databases to verify the identity and determine the exclusion status of all providers:

- Social Security Administration's Death Master File
- National Plan and Provider Enumeration System (NPPES)
- List of Excluded Individuals/Entities (LEIE)
- System for Award Management (SAM)

Providers shall ensure that criminal background checks are required and completed prior to employment or placement of program staff and volunteers in compliance with any licensing, certification, or funding requirements, which may be higher than the minimum standard described herein. At a minimum, background checks shall be in compliance with Board of Supervisors policy C-28 and are required for any program staff or volunteer assigned to sensitive positions funded by this contract.

Sensitive positions are those that:

1. Physically supervise minors or vulnerable adults;
2. Have unsupervised physical contact with minors or vulnerable adults; and/or
3. Have a fiduciary responsibility to any County member, or direct access to, or control over, bank accounts or accounts with financial institutions of any member.

Providers shall have a documented process to review criminal history of candidates for employment or volunteers that will be in sensitive positions.

At a minimum, providers shall check the California criminal history records, or state of residence for out-of-state candidates. Programs shall review the information and determine if criminal history demonstrates behavior that could create an increased risk of harm to members. Programs shall document review of criminal background findings and consideration of criminal history in the selection of a candidate. For example, document consideration of such factors as: if there is a conviction in the criminal history, how long ago did it occur, what were the changes, what was the level of conviction, and if selected, where would the individual work and is the conviction relevant to the position. Programs shall either utilize a subsequent arrest notification service during the staff or volunteer's employment or check California criminal history annually. Programs shall keep the documentation of their review and consideration of the individual's criminal history on file.

As of 7/1/22, the COSD BHS Standard for staff free of probation/parole history for a minimum of one (1) year prior to employment has been updated. Staff can now

begin the credentialing process and Optum will alert COR teams for awareness if any staff are identified with active parole, probation or previous criminal history within less than one year prior to starting employment. Providers will ensure that all staff members working with members are fingerprinted (LiveScan) and pass Department of Justice and Federal Bureau of Investigations background checks.

Documentation of Qualification & Signature Log

Providers shall comply with the licensing requirements of the California Welfare and Institutions Code Section 5751.2. For staff positions requiring licensure, all licenses and registrations must be kept current and be in active status in good standing with the Board of Behavioral Sciences. Providers shall have a copy of all staff's licenses, qualification and/ or relevant certificates of registration with the Board of Behavioral Sciences available on site, to verify scope of practice. Expired documents are to be maintained as they demonstrate qualifications for a given timeframe. SB 1024 mandates that all licensees and registrants must display their license or registration in a conspicuous location at their primary place of practice when rendering professional clinical services in person.

Each program shall maintain a signature log of all individuals who document in the medical record. Signature logs contain the individual's typed/printed name, credentials/job title and signature. Signature entries and copies of qualifications of staff that are no longer employed by the program are to be maintained as they are documented in the medical record.

License Verifications

All providers are required to verify the license status of all employees who are required by the contract Statement of Work to have and maintain professional licenses. The verification must be submitted at the time of contract execution, renewal or extension. This is in accordance with the Service Template requirements. In order to ensure the license is valid and current, the appropriate website(s) shall be checked. All providers are responsible for ensuring that all staff licenses are active and valid. Providers shall keep documentation that evidences active licensure for staff.

Certification on Disbarment or Exclusion

All claims for reimbursement submitted must contain a certification about staff freedom from federal disbarment of exclusion from services. In order to be in compliance with these federal regulations, all organizational providers must verify monthly the status of employees with the federal System for Award Management (SAM), the Office of the Inspector General (OIG), Government Services Agency (GSA) and the Suspended and Ineligible Provider (S&I) List.

Provider shall be responsible for checking, on a quarterly basis, the office of the Inspector General (OIG) website that none of the Providers officers, board members, employees, and agents providing services are on the OIG or Medi-Cal list of excluded individuals to provide direct services to County members. Providers shall notify, in writing within thirty (30) days if any personnel are found listed on this site and the actions taken to remedy the situation.

Verification

- Federal System for Award Management (SAM) list
- Office of Inspector General - Exclusions Program
- Medi-Cal Provider Suspension
    - Reasons include:
        - Convicted of felony
        - Convicted of misdemeanor involving fraud, abuse of the Medi-Cal program or any member, or otherwise substantially related to the qualifications, functions, or duties of a provider of service.
        - Suspended from the federal Medicare or Medicaid programs for any reasons
        - Lost or surrendered a license, certificate, or approval to provide health care
        - Breached a contractual agreement with the Department of Health Care Services that explicitly specifies inclusion on this list as a consequence of the breach.

Best Practice

- Providers must retain the records verifying that these required monthly checks have been performed and the names of the employees checked.
- Any employees who appear on the *OIG, GSA or Suspended and Ineligible Medi-Cal lists* are prohibited from working in any County funded program.
- Providers are encouraged to consult with their compliance office or legal counsel should any of their employees appear on either of the exclusion lists.

Clearances for Work with Minors

Contractor's employees, consultants, and volunteers, who work under given contract and work directly with minors, shall have clearances completed by the contractor prior to employment and annually thereafter. Employees, consultants, and volunteers shall successfully register with and receive an appropriate clearance by "Trustline Background Checks" or equivalent organization or service that conducts criminal background checks for persons who work with minors. Equivalent organizations or services must be approved by the COR prior to use by contractor. Contractor shall immediately remove an employee, consultant, or volunteer with an unresolved negative clearance.

Credentialing, Recredentialing & Provider Enrollment

The San Diego County Behavioral Health Plan's (BHP) credentialing, recredentialing, and provider enrollment requirements are designed to comply with applicable national accrediting organization standards and local, state, and federal requirements. The requirement for credentialing is established in the California Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 18-019 (Final Rule: Credentialing), pursuant to 42 CFR §438.214. Credentialing is a component of the BHP's quality improvement system and is a required condition for participation in the County's provider network and reimbursement for covered services.

Credentialing verifies that providers meet the qualifications required to participate in the County's provider network. Recredentialing is the periodic review conducted at least every three (3) years to confirm providers continue to meet those requirements. Provider Enrollment (PAVE) is a separate DHCS process used to screen and enroll applicable providers in Medi-Cal. Although these processes are related, each serves a different purpose, and completion of one does not satisfy the others.

Depending on the Legal Entity, credentialing, recredentialing, and applicable provider enrollment activities are completed either through Optum's centralized process or by an approved Credentialing Delegate. Providers delivering direct billable Medi-Cal services who are licensed, registered, certified, or waivered, as applicable, must be credentialed before providing covered services and recredentialed at least every three (3) years in accordance with BHIN 18-019.

As the BHP, the County is responsible for verifying that network providers meet all applicable credentialing requirements and for maintaining documentation demonstrating ongoing compliance. The County also submits monthly attestations to DHCS that billed services met medical necessity requirements and that providers were eligible at the time services were rendered.

Legal Entities remain responsible for ensuring the timely completion of credentialing activities for all applicable staff. Credentialing activities should be initiated as part of the onboarding process. Credentialing is not a new requirement. The following sections describe provider responsibilities related to credentialing, recredentialing, provider enrollment, and delegation.

Credentialing via Optum

The following process applies to Legal Entities that utilize Optum's centralized credentialing program. Legal Entities designated as Credentialing Delegates should refer to the Credentialing Delegates and Delegation Oversight section below.

Optum will also be conducting primary source verification of the following information:

Provider Responsibilities

Legal Entities utilizing Optum's centralized credentialing program remain responsible for ensuring the successful completion of credentialing activities for applicable staff.

To support timely onboarding and SmartCare access, Legal Entities should:

- Notify their assigned Optum Credentialing Representative within two (2) business days of a candidate's acceptance of an employment offer.
- Submit all required credentialing applications, attestations, and supporting documentation in a timely manner.
- Ensure credentialing is completed before applicable providers begin delivering covered services.
- Notify their assigned Optum Credentialing Representative of changes that may affect a provider's credentialing record, including new hires, terminations, changes in licensure, registration, certification, practice location, or other information affecting credentialing eligibility.

Because credentialing materials may change over time, Legal Entities should refer to the Optum *Organizational Providers Credentialing* webpage and the Credentialing Frequently Asked Questions (FAQ) for the most current instructions, forms, required documentation, and contact information.

Credentialing Review

As part of the credentialing process, Optum reviews provider qualifications and verifies information through primary sources, as applicable, to determine eligibility for participation in the BHP provider network. This review includes provider attestations,

primary source verification, and other information required under applicable federal, state, and BHP requirements. Additional information or documentation may be requested as needed.

Residential Program Credentialing Requirements

Residential Programs and Residential Sites are evaluated during both credentialing and recredentialing. Programs accredited by an Optum-recognized accrediting organization shall have their accreditation status verified. Programs without accreditation shall provide documentation from the most recent applicable review conducted by DHCS, DHS, CMS, or another applicable regulatory agency. Questions regarding Optum credentialing may be directed to the assigned Optum Credentialing Representative or BHSCredentialing@optum.com.

Re-credentialing via Optum

The following process applies to Legal Entities utilizing Optum's centralized credentialing program.

Individual practitioners and Residential Program Sites shall be recredentialed at least every three (3) years. Optum will initiate the recredentialing process approximately six (6) months before expiration of the current credentialing period.

Provider Responsibilities

Legal Entities shall:

- Ensure providers submit all required recredentialing applications and supporting documentation within requested timeframes.
- Respond promptly to requests for updated credentialing information.
- Maintain accurate credentialing information throughout the credentialing cycle.

Failure to Complete Recredentialing

Failure to submit a complete and signed recredentialing application and all required supporting documentation within the requested timeframe may result in expiration or termination of credentialing status. Providers whose credentialing expires may be required to complete the initial credentialing process before participation in the BHP provider network can resume. Questions regarding Optum recredentialing may be directed to the assigned Optum Credentialing Representative or BHSCredentialing@optum.com.

Provider Enrollment (PAVE) via Optum

The following process applies to Legal Entities utilizing Optum's centralized provider enrollment process for applicable providers. Provider Enrollment and Credentialing are separate requirements. Completion of one requirement does not satisfy the other. Applicable providers may be required to complete both processes.

Provider Responsibilities

Legal Entities and providers shall:

- Complete all required Provider Enrollment (PAVE) activities for applicable providers.
- Respond promptly to requests from DHCS or Optum related to provider enrollment.
- Complete required PAVE activities within requested timeframes to avoid delays.

For applicable providers, Optum coordinates provider enrollment activities through the DHCS Provider Application and Validation for Enrollment (PAVE) portal in accordance with DHCS BHIN 20-071. Questions regarding Provider Enrollment (PAVE) may be directed to the assigned Optum Enrollment Coordinator.

Delegates and Delegation

Certain Legal Entities have been approved by the BHP to perform credentialing, recredentialing, and applicable Provider Enrollment (PAVE) activities on behalf of the BHP for their own providers, rather than utilizing Optum's centralized credentialing process. These organizations are referred to as Credentialing Delegates.

The following organizations currently serve as Credentialing Delegates:

- Family Health Centers of San Diego (FHSD)
- Fred Finch Youth Center
- HealthRIGHT 360
- Mission Treatment Services / San Diego Health Alliance / San Diego Treatment Services
- San Diego Center for Children (SDCC)
- San Diego Youth Services (SDYS)
- Telecare

Credentialing Delegates are responsible for performing delegated credentialing, recredentialing, and applicable provider enrollment activities in accordance with

applicable federal and state requirements, BHP policies and procedures, NCQA standards, and the terms of the delegation agreement.

On behalf of the BHP, Optum conducts annual Delegation Oversight Audits to evaluate each Credentialing Delegate's compliance with delegated responsibilities. Delegates must achieve a minimum audit score of eighty-five percent (85%) to maintain delegated status. Delegates receiving a score below 85% will be required to complete a Corrective Action Plan (CAP). Optum may also conduct additional oversight, monitoring, or compliance activities related to delegated credentialing, recredentialing, and provider enrollment responsibilities, as appropriate, on behalf of the BHP.

Questions regarding delegated credentialing responsibilities or delegation oversight may be directed to the assigned Optum Credentialing Representative.

Provider Credentials- Definitions

DHCS Behavioral Health Information Notice 24-023 provides the standards and definitions for specific Behavioral Health Provider Types and Services as outlined in SPA 23-0026 and as described in this section below. Please note that it is the responsibility of the program to have staff provide services within their scope of practice. This includes co-signing of documentation as appropriate.

Reference: CalMHSA Clinical Documentation Guide- Appendix III Scope of Practice Matrix- pg. 40

Clinical Social Worker (CSW), Marriage and Family Therapist (MFT), and Professional Clinical Counselor (PCC) Candidates

Candidates who have graduated from a master's program and are completing their required hours for licensure must register with the BBS as an *Associate*. The "90 Day Rule" set by the BBS allows candidates to count supervised experience toward licensure when gained during the window of time between the degree award date and the issue date of the associate registration number if BBS receives the associate application within ninety (90) days of the degree award date.

SPA 23-0026 allows Medi-Cal BH delivery systems to utilize CSW, MFT and PCC candidates who have submitted their applications for Associate registration to BBS within ninety (90) days of their degree award date and are completing supervised experience toward licensure to provide services to members. They must act within their scope of practice under California law. Medi-Cal BH delivery systems must obtain and maintain documentation to verify that the candidate's BBS application has been submitted and is pending and must subsequently verify that the registration is approved. In the event the BBS application is not approved by BBS, the services provided by the candidate are not Medi-Cal reimbursable.

Clinical Trainees (CT)

An unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Mental Health Professional or Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements. Clinical Trainees must be under formal agreement between the Masters' program and the Provider to serve as clinical trainees.

The county must ensure that the clinician supervising the Clinical Trainee meets the minimum qualifications described by the applicable licensing board. Medi-Cal behavioral health delivery systems and trading partners may submit claims to Short Doyle for services rendered by the new Clinical Trainee provider types listed below:

- Nurse Practitioner Clinical Trainee
- Psychologist Clinical Trainee
- Clinical Social Worker Clinical Trainee
- Marriage and Family Therapist Clinical Trainee
- Professional Clinical Counselor Clinical Trainee
- Psychiatric Technician Clinical Trainee
- Registered Nurse Clinical Trainee
- Vocational Nurse Clinical Trainee
- Occupational Therapist Clinical Trainee
- Physician Clinical Trainee (Medical Student)
- Registered Pharmacist Clinical Trainee
- Physician Assistant Clinical Trainee
- (Certified) Clinical Nurse Specialist Clinical Trainee

Clinical Trainees assigned to a program must have on file the written agreement between the school and agency with specific timelines which will act to demonstrate the official intern status of the student which determines scope of practice. Copy of document can be maintained in the Signature Log which often stores copies of staff qualifications. Outpatient providers' ratio of clinicians to Clinical Trainees shall be no more than 1:3 FTE, i.e., there must be at least one FTE licensed clinician per three (3) FTE Clinical Trainees.

Clinical Trainees may provide psychotherapy services, under the close supervision of the clinician/therapist. Short Doyle will validate the supervisor's NPI against the data in the National Plan & Provider Enumeration System (NPPES). Claims for Clinical Trainees that do not contain a valid supervisor's NPI will be denied. Services rendered by Clinical Trainees will be reimbursed at the same rate as that of licensed or registered

health care professionals within the CTs' profession. For additional guidance see CalAIM Behavioral Health Payment Reform FAQs.

Enhanced Community Health Workers (E-CHW)

Enhanced Community Health Workers provide community-based services to help prevent disease, disability, and other health conditions and promote physical and mental health and well-being. They connect members to health and wellness resources and help address barriers to meeting health and health-related social needs. ECHWs identify members' needs and connect them to resources and services that support their behavioral health goals, including needs related to mental health and substance use. Engagement is short term and subject to applicable service limits per member, per day, and per year. Services exceeding these limits require additional authorization.

DHCS does not currently require standardized statewide certification for this role. ECHWs must obtain a certificate of completion from a qualifying training program. Supervising providers are responsible for verifying that the certificate meets applicable Medi-Cal CHW requirements. Managed care plans and employers may establish additional training requirements.

For additional resources, please see: DHCS- Community Health Workers

Licensed Mental Health Professionals:

Use of these titles varies by behavioral health delivery system. LMHP is a term used in the SMHS delivery system to identify a select group of provider types that provide rehabilitative mental health services. A Licensed Mental Health Professional (LMHP) includes any of the following providers who are licensed in accordance with applicable State of California licensure requirements:

- Licensed physicians;
- Licensed psychologists (includes waivered psychologists);
- Licensed clinical social workers (includes waivered or registered clinical social workers);
- Licensed professional clinical counselors (including waivered or registered professional clinical counselors);
- Licensed marriage and family therapists (including waivered or registered marriage and family therapists);
- Registered nurses (includes certified nurse specialists and nurse practitioners);

- Licensed vocational nurses;
- Licensed psychiatric technicians; and
- Licensed occupational therapists.

Medical Assistant (MA)

An individual who is at least eighteen (18) years of age, meets all applicable education, training and/or certification requirements, and provides administrative, clerical, and technical supportive services according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

Mental Health Rehabilitation Specialists (MHRS)

An individual who has a baccalaureate degree and four (4) years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two (2) years of graduate professional education may be substituted for the experience requirement on a year-for-year basis. Up to two (2) years of post-associate arts clinical experience may be substituted for the required educational experience (as defined by Title 9) in addition to the requirement of four years of experience in a mental health setting.

Other Qualified Provider **(**aka. “Para Professional”)

An individual at least eighteen (18) years of age with a bachelor’s degree, high school diploma or equivalent degree plus two (2) years of related paid or non-paid experience (including experience as a service recipient or care giver of a service recipient), or related secondary education. Programs must provide adequate training, supervision, and co-signatures by a licensed/registered/waivered staff.

Peer Support Specialists

California Mental Health Services Authority (CalMHSA) is responsible for certification and for examination and enforcement of professional standards for Certified Peers. For details on training, certification, examination, applying and more, visit the CA Peer Certification website. Contractor shall ensure that Peer Support Services are provided by certified Peer Support Specialists as established in BHIN 21-041. Additional DHCS resources and Behavioral Health Information Notices pertaining to Peer Support Services can be reviewed on the DHCS Peer Support Services webpage.

Programs shall ensure that Peer Support Services are provided under the direction of a Behavioral Health Professional that is licensed, waivered or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of SMHS and DMC-ODS. Peer Support Specialists may also be supervised by Peer Support Specialist Supervisors, as established in BHIN 21-041.

Registered Candidate

A pre-licensed mental health professional who is registered with the appropriate licensing board and working in a clinical setting under supervision. A registrant should use the taxonomy code most appropriate for the practitioner and working under supervision. A candidate for licensure who is registered or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

Student

Individuals who are enrolled in a post-secondary educational degree program in the State of California but who are not yet in practicum. These individuals should use a taxonomy code within the Mental Health Rehabilitation Specialist, Other Qualified Professional, or Certified Peer Specialist categories as appropriate

Waivered Professional

A professional from another state whose license is recognized by California. Waivered professionals can bill under their own license and do not need to use an HL or a GC modifier.

Youth and Family Partners (Y/FSPs)

An overarching term for an individual with experience as a child or youth or a parent/caregiver of a child/youth who is or has received services from a public agency serving children and families. Youth & Family Partner roles may include, but are not limited to Administrative, Advocacy/Community Engagement, Training and Supervision, Support Partners (direct service), Peer to Peer, and Outcome and Evaluation activities. Y/FSPs have firsthand experience as a child or youth or a parent/caregiver of a child/youth that is receiving or has received services from *public agencies serving children* systems in delivering culturally relevant services and increase a family's and/or youth's ability to:

- Access and/or engage in services and resources.
- Foster their ability to gain greater self-sufficiency.

- Enhance navigation to community supports and relationships.

- Reduce stigma associated with behavioral health services and/or diagnosis.

Support Partners do not require a professional license but have firsthand experience in navigating a public agency serving children as well as specific training in the supportive role. YSPs must be at least twelve (12) years of age, meet work permit requirements and be no older than twenty-five (25) years of age. FSPs must be at least eighteen (18) years of age and have high school diploma or equivalent. They must have direct experience a parent or caregiver of a child and/or youth (current or past) in a public agency serving children, youth, and families.

Y/FSPs shall not be employed by the agency where they or their families are currently receiving services.

- Productivity: For each full-time equivalent (FTE) Y/FSPs, a minimum of 32,400 Minutes / 540 hours 30% productivity level) per year will be spent in billable services.

- Member's Choice: If member/family opts to transfer/change to different Y/FSPs, this will be recorded on the agency's Suggestion and Transfer (S&T) Log and reported in the agency's Monthly/Quarterly Status Report.

- Caseload: Y/FSPs shall carry a minimum case load of twenty (20) unduplicated clients per FTE per fiscal year unless otherwise specified in the program's SOW.

Professional Licensing Waiver Requirements

Professional Licensing Waiver Guidelines -Welfare and Institutions Code (W&IC) Section 5751.2. Complete professional licensing waiver information and requirements are available on the DHCS website (Professional Licensing Waivers) and in BHIN 24-033.

Waiver Duration: PLWs granted by DHCS are valid for five (5) years from the first date of employment by, or contract with, a local mental health program, including a BHP or LMHD, or provider subcontracting with the BHP or LMHD, unless the individual seeking waiver obtains appropriate licensure prior to the expiration of the five (5) year-waiver timeframe. PLWs cannot be extended beyond this five (5) year timeframe and must run continuously from the start date. The five (5) year term may not be backdated, postponed, paused, deferred, or extended for any reason.

How To Apply: The director or designee of a BHP or county mental health department may apply on behalf of an individual seeking a PLW. The employer shall not allow an individual seeking a waiver to begin work for which a license or waiver is required until DHCS has approved the PLW application. Applicants must complete the DHCS Form 1739 - PLW Application and submit to QIMatters.BHS@sdcounty.ca.gov.

QA will review the application, submit to BHS for required approval and signatures, and submit to DHCS for final review.

- Prior to submitting the DHCS application, review eligibility requirements outlined in the instructions on the application, on the DHCS website, and in BHIN 24-033 to ensure applicant meets requirements and necessary units are reflected on their transcripts.
- On the application, only complete *Sections A-F* (as apply).
- Submit application as a fillable PDF so required signatures can be obtained by QA & DHCS. No signatures from the applicant or program are required on the application.
- Submit supporting transcripts, and any other necessary documents, when the application is submitted to QI Matters.

Staffing Requirements

The Department of Health Care Services (DHCS) ensures the provision of quality treatment through the enforcement of standards for professional and safe treatment. DHCS does not certify counselors; however, DHCS does ensure counselors provide quality treatment to members by enforcing the Counselor Certification Regulations found in the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8.

Providers shall:

- Administer, staff, and provide management systems and procedures for programs.
- Recruit, hire, train and maintain staff qualified to provide required services.
- Ensure all staff has appropriate experience and necessary training upon hire.
- Ensure members currently in treatment are not to be used in staff positions*.
- Verify identify and determine the exclusion status of all staff prior to hire (see Federal and State Database Checks below).
- Ensure all personnel are competent, trained and qualified to provide any services necessary.
- Ensure non-professional receive appropriate onsite orientation and training prior

to performing assigned duties.

- Ensure professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring.
- Ensure documentation of trainings, certifications and licensure shall be contained in personnel files.
- Ensure professional and/or administrative staff supervise non-professional staff.
- Maintain records of current certification and NPI registration.

All providers shall have staff in numbers and training adequate to meet the needs of the program's target population. Psychotherapy shall be performed by licensed, registered, waivered, or Clinical Trainee (with co-signature by LPHA) staff in accordance with State law. Any exceptions to these requirements must be approved by the COR. Contractor's program staff shall meet the requirements of Title 9, Division 1, Article 8 and Title 9, Chapter 11 of the California Code of Regulations as to training, licensure, and clinician/client ratios. All staff shall operate within the guidelines of ethics, scope of practice, training and experience, job duties, and all applicable State, Federal, and County standards.

The contractor is required to be compliant with all federal and state regulations regarding the provision, documentation, and billing of behavioral health services provided to dual-eligible beneficiaries (Medi-Medi) and follow appropriate staffing requirements. The contractor shall assure sufficient Medicare-approved staff are available for all Medicare-covered services delivered and ensure dual-eligible services are coordinated for Medicare to be billed as the primary payer and Medicaid as the secondary payer, unless otherwise directed by payer-specific rules.

Most programs' contracts require that the Program Manager (Head of Service) be licensed. If the Program Manager is not licensed, there must be a Clinical Lead who can provide clinical supervision and perform certain tasks, such as diagnosing, that are within the scope of practice of licensed and waivered persons.

Provider to Member Ratio Requirements

DHCS has established specific provider-to-client ratio standards for mental health services to ensure adequate access to care. San Diego BHP organization providers are expected to ensure sufficient staff to meet these ratios:

Category	Provider Classifications	Ratio Standard
Psychiatry – Adults (ages 21+)	Psychiatrists, Physicians, PMHNPs (non-psychiatry NPs excluded)	1:457
Psychiatry – Children/Youth (ages 0-20*)		1:267
Mental Health Services – Adults (ages 21+)	Clinical SW Trainee, ACSW, LCSW, MFT Clinical Trainee, AMFT, LMFT, Professional Counselor Clinical Trainee, APCC, LPCCs, Psychologist Clinical Trainee Psychologists, WAP, LVN, RN, CNS, Psychiatric Technicians, MHRS, PA, Pharmacists	1:85
Mental Health Services – Children/Youth (ages 0-20*)		1:49

*The children/youth age range is from birth through age twenty (20) years, up to but not including the twenty-first (21st) birthday.

Staffing Requirements for Crisis Stabilization Services

- A physician shall be on call at all times for the provision of those crisis stabilization services that may only be provided by a physician.
- There shall be a minimum of one (1) Registered Nurse, Psychiatric Technician or Licensed Vocational Nurse on site at all times beneficiaries are present.
- At a minimum there shall be a ratio of at least one (1) licensed mental health or waivered/registered professional on site for each four (4) beneficiaries or other members receiving crisis stabilization at any given time.
- If crisis stabilization services are co-located with other specialty mental health services, persons providing crisis stabilization must be separate and distinct from persons providing other services.
- Persons included in required crisis stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services. CCR, Title 9 1840.348
- Crisis Stabilization is not reimbursable on days when Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed.

Staffing Requirements for a CSU that is a 5150 LPS Designated Facility

A Crisis Stabilization Unit that is 5150 LPS designated and approved is required to meet California Code of Regulations (CCR) Title 9, Division 1, Article 10, Section 663

inpatient staffing requirements. Inpatient services shall be under an administrative director who qualifies under Section 620 (d), 623, 624, 625 or 627. In addition to the director of the service, the minimum professional staff shall include psychiatrists if the administrative director of the services is not a psychiatrist, who shall assume medical responsibility as defined in Section 522; a psychologist, social worker, registered nurse, and other nursing personnel under supervision of a registered nurse. Nursing personnel shall be present at all times. Physicians, psychiatrists, registered nurses and other mental health personnel shall be present or available at all times. Psychologists and social workers may be present on a limited-time basis. Rehabilitation therapy, such as occupational therapy, should be available to the members.

The minimum ratio of the full-time professional personnel to members shall be as follows:

Personnel	Ratio per 100 Members
Physician	5
Psychologists	2
Social Workers	2
Registered Nurse	20
Other mental health personnel	25

Staffing Requirements for the System of Care Serving Adults/ Older Adults

Commensurate with scope of practice, mental health and rehabilitation services may be provided by any of the following staff:

- Physician
- Licensed/Registered/Waivered Psychologist
- Registered Psychological Associate
- Licensed/Registered/Waivered Clinical Social Worker
- Licensed/Registered/Waivered Marriage and Family Therapist
- Licensed/Registered/Waivered Professional Clinical Counselor
- Nurse Practitioner
- Registered Nurse
- Licensed Vocational Nurse

- Medical Assistant
- Licensed Psychiatric Technician
- Mental Health Rehabilitation Specialist
- Other Qualified Provider

Contracted Adult/Older Adult programs shall follow the member to direct clinical FTE ratios as outlined in executed contract exhibits A &C.

Staffing Requirements for the System of Care Serving Children, Youth and Families

- Psychiatrists shall have completed appropriate training in a child or adolescent specialty. "*California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care 2018*" recommends psychotropic medications for children be prescribed by Board certified or Board eligible psychiatrists with specialization in child and adolescent or adolescent psychiatry, for programs that serve youngsters under thirteen (13) years of age or have five (5) years of experience offering psychiatric services to children and adolescents. Any exception to this must be approved by the Mental Health Services Clinical Director and the COR.

- Outpatient programs must also have psychiatry time adequate to meet the needs of the program's target population and sufficient to allow the psychiatrist's participation in treatment reviews, as well as meeting specific requirements as they pertain to fidelity or service delivery requirements and contractual requirements. The psychiatrist's participation in treatment reviews, especially where medications may be discussed, plus up to one (1) hour per month for each new member to be assessed and one (1) half hour per month per member on medications, for medication follow up.

- Children, Youth & Families Contractors: shall budget forty-nine (49) unduplicated members per direct clinical FTE (excluding trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization, noting that billable minutes based on the 1:49 ratio shall be maintained.

- Family / Youth Support Partners who provide direct, billable service must have direct experience as the parent, care giver, or consumer in a public agency serving children, and demonstrate education and/or life experience commensurate with job duties. Youth (12-25 years of age) must meet work permit requirements when applicable. Partners must receive ongoing training and work under the direction of a licensed or waivered staff member.

- Day Treatment staffing: per the requirements of Title 9, the program must maintain a member to staff ratio of 8:1 (for Intensive programs) and 10:1 (for Rehab programs) at all times. Staff counted in the ratio must be Qualified Mental Health Professionals or licensed or waivered. In addition, County guidelines require that at least half the clinical staff in Intensive programs be licensed/waived.

- Short Term Residential Treatment Program (STRTP) staffing: per Interim STRTP Regulations (Version II), STRTP shall have at least one full-time equivalent STRTP mental health program staff from the following list for each six (6) children or fraction thereof admitted to the program:

    - Physicians
    - Psychologist: licensed or waivered,
    - LCSW, LMFT, and LPCC: licensed/registered/waivered
    - RN
    - LVN
    - Psychiatric Technicians
    - MHRS
    - Clinical Trainees
    - Medical Assistants

- Interdisciplinary Teams: Programs must have an interdisciplinary team, mandated by standards of participation within the program SOW. Members must participate in the regularly scheduled interdisciplinary team meetings where cases are reviewed.

Personnel Files

Personnel files shall be maintained on all employees, volunteers, and interns. These records will contain: application for employment and/or resume, signed employment confirmation statement, signed annual confidentiality statements, job description (which shall include position title and classification; duties and responsibilities; lines of supervision; and education, training, work experience and other qualifications for the position), performance evaluations, health records/status as required by program or Title 9 (i.e. health screening report or health questionnaire, including annual TB results), other personnel actions (e.g. commendations, discipline, status change, employment incidents and/or injuries), training documentation relative to substance use disorders and treatment, current registration, certification, intern status or licensure; proof of continuing education required by licensing or certifying agency and program, and program code of conduct.

Code of Conduct

A Code of Conduct is a statement signed by all employees, contractors, and agents of an organization that promotes a commitment to compliance and is reasonably capable of reducing the prospect of wrongful conduct. Codes of Conduct should be created at the agency level. Programs shall have a written code of conduct that pertains to and is known about by staff, paid employees, volunteers, and the governing body and community advisory board members. Each staff, paid employee, and volunteer shall sign a copy of the code of conduct and a copy shall be placed in their personnel file. The program shall post the written code of conduct in a public are that is available to members. The code of conduct shall include the program policies regarding at a minimum the following:

- Use of alcohol and/or other drugs on the premises and when off the premises
- Personal relationships with participants
- Prohibition of sexual contact with participants
- Sexual harassment
- Unlawful discrimination
- Conflict of interest
- Confidentiality

In addition to the minimum requirements listed above, all Programs Serving Children, Youth & Families providers are encouraged to utilize the *2019 Trauma-Informed Care Code of Conduct* in the creation of their agency code of conduct. This document, created by young adults with lived experience, is intended to guide programs in developing policies and procedures related to trauma informed care, to inform trainings for staff, and to be offered to members to outline the commitment of the program to follow trauma informed principles.

Counselor/Client Relationships

Relationships between members and program staff beyond the realm of treatment are prohibited. Staff must maintain healthy boundaries between themselves and members at all times. Staff members' failure to adhere to this standard shall be disciplined at the discretion of the program director. Sexual contact shall be prohibited between program staff, including volunteers, and members the Board of directors, and the participants. A written statement explaining the sexual contact policy shall be included in every participant's rights statement given at admission to a program. Programs shall include a statement in every personnel file noting that the employees and volunteers have read and understood the sexual contact prohibition. The policy shall remain in effect for six (6) months after a participant is discharged from services, or a staff member of volunteer terminates employment.

New employees will receive a copy of the HHSA Code of Conduct as part of their orientation packet and will provide a signed Code of Conduct Acknowledgement to HHSA Human Resources within thirty (30) days of beginning employment with HHSA. Employees will review the Code of Conduct and complete the acknowledgement through the Learning Management System (LMS) annually.

On-Site Manager/Director: Programs shall provide a full-time on-site Program Manager or Director for each program, unless prior approval received by COR. If the program manager is also serving as the program coordinator, time may be divided between administration and direct services.

Review and Comment on the Qualifications of On-Site Managers, Directors, and Higher-Level Staff: The COR shall review and comment on the final candidates under consideration for hire at the Program Manager, Director, or higher level prior to selection. Should the COR choose to provide written comments, the comments shall be provided within five (5) days of receipt of candidates' resumes and supporting documentation.

Provider Directory

The County of San Diego Behavioral Health Plan (BHP) maintains a public Provider Directory to help clients including Medi-Cal Members locate and access covered behavioral health services. The Provider Directory is maintained in accordance with applicable federal and State requirements, including but not limited to BHIN 25-023.

Link to the searchable BHP Provider Directory: https://sdcountybhs.com/ProviderDirectory.

Provider Responsibilities

Providers are responsible for ensuring that Provider Directory information remains complete, accurate, and current. SmartCare, the BHP's EHR, serves as the source of truth for Provider Directory information. The SOC Application is integrated with SmartCare and provides providers with the ability to review and attest to Provider Directory information that is publicly displayed.

Providers are expected to:

- Review and attest to Provider Directory information through the SOC Application in accordance with County-established timeframes.
- Promptly notify the County of changes affecting Provider Directory information and complete any required updates or attestations.

- Contact the Optum Help Desk at sdhelpdesk@optum.com or call 1-800-834-3792 to request corrections to staff-level information maintained in SmartCare. Requests will be reviewed, and any necessary updates will be made in the Provider Directory within thirty (30) days of receiving requests.

- Contact the assigned Contracting Officer's Representative (COR) to request corrections to program-level information.

- Respond to County requests to verify Provider Directory information within established timeframes.

Staff Supervision and Management Requirements

Programs must provide supervision in amount and type that is adequate to ensure member safety, maximize gains in functioning, and meet the standards of the professions of those staff employed in the program. Supervisors may supervise up to eight (8) clinical staff (licensed, registered, waivered, and clinical trainees) and up to twelve (12) total staff, including clinical staff. Any exceptions to these requirements must be approved by the COR.

Programs who employ waivered/registered staff receiving supervision for licensure must offer experience and supervision that meet the requirements of the licensing board to which the person is registered. SB 1024, sponsored by the Board of Behavioral Sciences (Board), effective on January 1, 2025, clarifies the number of supervisees a supervisor can have: and defines who qualifies as a supervisee in group supervision, which is capped at eight (8) individuals; and specifies who is included in the limit of six (6) supervisees receiving individual or triadic supervision per supervisor in nonexempt settings. Please see linked "Clarification on Number of Supervisees" for more information

Contractors shall ensure provision of required supervision for Nurse Practitioner staff or interns. The furnishing law requires that the physician supervise no more than four (4) nurse practitioners at a time. If the nurse practitioners are not furnishing, there are no limitations on the number of nurse practitioners the physician may supervise. (BPC §2836.1 (e)) Nurse Practitioner (ca.gov).

Use of Volunteers and Clinical Trainees

Provider shall utilize family and community members as volunteers in as many aspects of the programming as possible, including teaching a special skill and providing one-on-one assistance to members. Emphasis shall be made to recruit volunteers from diverse communities within program region. Provider shall have policies and procedures surrounding both the use of volunteers and the use of employees who are also

members/caregivers. Licensed staff shall supervise volunteers, students, interns, mental health clients and unlicensed staff involved in direct member care.

Training

An increasing focus and requirements for cultural sensitivity, outcome measures, practice guidelines, electronic health record and evidence-based practices necessitates the need for ongoing training. Many providers have a contractual obligation to participate in identified trainings within 60 days of hire (unless otherwise specified) or when training becomes available.

Trainings for the System of Care

The Quality Assurance Unit provides trainings and technical assistance on topics related to the provision of services in he Systems of Care.

Training and information is disseminated through:

- Basic Medi-Cal/County Standards Documentation Training through CalMHSA LMS
- Root Cause Analysis Training
- SmartCare Health Electronic Health Record User Trainings through CalMHSA LMS
- QA Specialized Trainings
- Regular QA Communications
- Organizational Provider Operations Handbook
- Provider Meetings
- TKC—The Knowledge Center (County staff only)

BHP–MCP Memorandum of Understanding (MOU) Training

In accordance with DHCS BHIN 23-056 and BHIN 23-057, BHS provides training on BHP-MCP MOU requirements to applicable subcontractors, downstream subcontractors, and network providers. This includes provider staff who carry out responsibilities covered by the MOU. The training explains the MOU requirements, the services provided or arranged by the BHP and MCPs, and how Medi-Cal members access and receive coordinated services. Training must be completed before staff perform MOU responsibilities and at least annually thereafter.

MOU responsibilities may include, but are not limited to, helping members access services, making or receiving referrals, coordinating care with an MCP, helping transition a member between the BHP and MCP, and sharing information needed for referrals and care coordination. Providers are responsible for ensuring required staff complete the training and for tracking and reporting completion in accordance with BHS requirements.

Annual Training: Staff may meet the annual training requirement each calendar year by either:

- Attending the Annual Mental Health (MH) Forum or Annual Substance Use Disorder (SUD) Forum, as applicable; or
- Completing the BHP-MCP MOU Resource Training available on the Optum website.

New Staff: New staff, or staff newly assigned MOU responsibilities, must complete the BHP-MCP MOU Resource Training before performing those responsibilities, unless they have already completed the training for the current calendar year. The training is available on Optum's HSD BH Operations webpage.

For information on upcoming trainings or in-services, or if you require technical assistance, please contact QA at: QIMatters.BHS@sdcounty.ca.gov

Electronic Health Record Trainings

Prior to staff obtaining access to SmartCare, they shall successfully complete all applicable SmartCare trainings. Program managers are responsible for registering new and returning SmartCare users for training on the CalMHSA LMS application. Previous users returning to employment (including maternity leave) after more than ninety (90) days of absence will be required to resubmit new paperwork including an updated ARF and be evaluated for a skills assessment or retraining.

Users are required to attend and pass the assigned online LMS trainings with CalMHSA prior to access. Staff will be responsible for trainings according to their Staff Role. The CalMHSA Required Trainings by Role Grid can be found on the Optum Website under the *SOC Resources and Training*. See the following grid for guidelines : SmartCare Trainings by Staff Role. For additional resources, please see: SmartCare User Training Registration and SmartCare Training Tips

CSU and Residential programs must also complete and pass an additional Optum training class. For residential, crisis residential, and crisis stabilization unit users, live in-person training is required for access to SmartCare, also provided by Optum. See the Optum SmartCare Training webpage for training dates and registration. For questions contact: sdu_sdtraining@optum.com.

Information about SmartCare EHR trainings may be found on the Optum website under the "BHS Provider Resources" tab and selecting SmartCare Training. Additional resources can be found on the CalMHSA Knowledge Base website and BHP Provider Documents page under the 'SmartCare' site link also located on the Optum San Diego website

CalMHSA Documentation Trainings

CalMHSA has collaborated with DHCS on the integration of CalAIM requirements and documentation standards. All direct service providers are required to complete the online documentation trainings through the CalMHSA LMS and are encouraged to review and be familiar with the CalAIM Documentation Guides relevant to their credential level. These guides are updated periodically as new requirements are issued. CalAIM Documentation Guides - CalMHSA. Newly hired direct service staff must complete the required documentation trainings within ninety (90) days of hire.
All direct service providers are required to complete the following CalMHSA trainings:

- 01-Foundations of Documentation and Service Delivery
- 02-Access to Services
- 03-Assessments
- 04-Diagnosis, Problem Lists, and Care Planning
- 05-Progress Notes
- 06-Care Coordination
- 07-Screening Tools for SMHS
- 08-Transition of Care Tool
- 09-Discharge Planning
- 10-Effective Administration of Screening Tools
- Coding for DMC and DMC-ODS - Non-CE
- Coding for SMHS - Non-CE

All direct service staff are required to complete the required documentation trainings and review the documentation guides relevant to their credential level to ensure compliance with DHCS BHIN 23-068 which clarifies documentation standards and requirements for all SMHS, DMC and DMC-ODS services. Verification of completed trainings can be viewed within the CalMHSA LMS Portal.

Tracked Trainings

The following trainings are tracked on the MSR/QSR:

1. Cultural Competency Training – Minimum of four hours annual requirement for all staff. When an in-service is conducted, program shall keep on file a training agenda and a sign-in sheet for all those in attendance with sign-in/out times. For outside trainings, certificate of completion shall be kept on file at the program. Providers shall maintain and submit a Cultural Competence Training Log annually.

2. Transgender, Gender Diverse, or Intersex (TGI) Cultural Competency Training- As of 05/12/2025, All staff who are in direct contact with service recipients are required to complete an evidence-based cultural competency training for the purpose of

providing trans-inclusive health care for individuals who identify as transgender, gender diverse or intersex (TGI). (BHIN 25-019) BHPs shall require that the training is completed by new staff within 45 days of hire and all staff at least every two (2) years or more often if needed. The training is offered via an on-demand webinar series. Please register via Academy LMS.

3. BHS Disaster Support Training e-learning access is available through the BHS Training and Technical Assistance website. A minimum of twenty- five percent (25%) of contracted staff need to be disaster trained.

4. Continuing Education Units (CEUs) -- Contractor shall require clinical staff to meet their licensing requirement. Other paraprofessional staff shall have a minimum of sixteen (16) hours of clinical training per year.

5. Trainings for STRTP staff – See section below "*STRTP Trainings"*

Contractor shall attend trainings as specified in their Contract. Children, Youth and Families Contractors shall obtain training on the *DCR System* for FSP programs. Trainings are available through Child and Adolescent Services Research Center (CASRC).

Family and Youth Support Staff Training Requirements

Minimum Curriculum should include the role and function of the Y/FSP, the role of supervision, basic knowledge of Principles of Family Youth Professional/System Partnership, Pathways to Well Being / Katie A, Children's System of Care (CSOC), community and system resources to which youth/family may be referred. This also includes the safety, cultural competency, boundaries and dual relationships, Systems' Mandate, or introduction to peripheral systems on the child/youth's continuum of care Mandated Reporting confidentiality, documentation requirements, conflict resolution and effective listening. Other training as specified by employer or BHS- Children, Youth & Families. Family and Youth Support Partners trainings are available through NAMI San Diego. Contact the Peer & Family Support Helpline at 1-800-523-5933.

STRTP Training Requirements (Regs. Version II)

All STRTP mental health program staff shall receive a minimum of twenty-four (24) hours per calendar year of ongoing, planned academic and on-the-job in- service education. At a minimum, the in-service education shall cover all of the following topics even if the STRTP mental health program staff must attend more than twenty-four (24) hours of training in a calendar year:

1. Client-centered and trauma-informed approach

2. Suicide prevention techniques;

3. Preventing and managing assaultive and self-injurious behavior (must have at least eight (8) hours of training on this topic or other similar crisis services prior to commencing any employment duties involving direct contact with children.

4. Cultural competence;

5. Interpersonal relationship and communication skills;

6. Confidentiality of member information;

7. Member rights and civil rights;

8. Monitoring and documenting responses to psychotropic and other medications to treat mental illness and recognizing possible side effects in children and youth

9. All approved policies and procedures applicable to the STRTP.

Subdivisions (a), (b), and (e) shall not apply to a psychiatrist or physician, who is not the head of service. Psychiatrists and physicians shall attend a minimum of one training per calendar year on preventing and managing assaultive and self-injurious behavior. The STRTP shall document all trainings by maintaining a record of the training title and date, syllabus or curriculum, and sign-in sheets of attendees

Mobile Crisis Team Training Requirements

All mobile crisis teams shall meet DHCS core and enhanced training requirements before delivering qualifying mobile crisis services, as outlined in BHIN 23-025. The core training curriculum will include crisis intervention and de-escalation strategies, harm reduction strategies, delivering trauma-informed care, conducting a crisis assessment, and crisis safety plan development. The enhanced training curriculum will include~~,~~ but is not limited to, training in provider safety, delivering culturally responsive crisis care, and crisis response strategies for special populations (e.g., children, youth and families, tribal communities, and members with I/DD).