



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 4, POLICY 022

#### CREDENTIALING AND RE-CREDENTIALING REQUIREMENTS

<b>POLICY NUMBER:</b>	5-4-022
<b>SYSTEM OF CARE:</b>	BEHAVIORAL HEALTH
<b>FINALIZED DATE:</b>	06/27/2022
<b>EFFECTIVE:</b>	04/01/2022
<b>SUPERSEDES # :</b>	Supersedes Policy #: 05-04-022 Credentialing and Re-Credentialing Requirement dated 02.27.2020 05-04-018 Credentialing and Avatar Practitioner Identification Enrollment

**A. PURPOSE:** To establish a uniform credentialing and re-credentialing policy to ensure that participating practitioners possess the experience, license, certification, privileges, professional liability coverage, education, are not excluded from participation in Federal health care programs and other qualifications necessary to provide services consistent with professionally recognized standards. The uniform credentialing and re-credentialing requirements contained herein apply to all licensed, waived, registered, and other qualified mental health and / or substance use disorder service providers within the Yolo County Mental Health Plan Network and the Yolo County Drug Medi-Cal Organized Delivery System Network for the delivery of Medi-Cal covered services; said requirements are in accordance with applicable credentialing and certification requirements of the State of California, the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), the Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA) in accordance to the Managed Care Final Rule (42 CFR Part 438.214).

**B. FORMS REQUIRED/ATTACHMENTS:**

1. 5-4-022 A: Credentialing and Re-Credentialing Attestation
2. 5-4-022 B: Practitioner Enrollment Form
3. 5-4-022 C: MHW-MHRS Application
4. 5-4-022 D: Student Intern Application
5. 5-4-022 E: Mental Health Professional Licensing Waiver Request-DHCS 1739

## C. DEFINITIONS:

1. Certified providers: applicable for substance use disorder (SUD) providers delivering covered services as defined by Title 22 CCR §51051.
2. Primary Source: refers to an entity, such as a state licensing agency, with legal responsibility for originating a document and ensuring the accuracy of the document's information.

## D. POLICY:

### 1. Credentialing Documents

- a. For all licensed, waived, registered, certified and/or other qualified providers operating under the direction of a licensed professional, verification and supporting documentation must be maintained for the following items through a primary source, as applicable. Although the listed requirements are not applicable to all provider types, when applicable, the information must be verified and authenticated.
  - i. The appropriate license and/or board certification or registration, as required for the particular provider type;
  - ii. Evidence of graduation or completion of any required education, as required for the particular provider;
  - iii. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
  - iv. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.
- b. In addition, verification and supporting documentation for the following information shall be required, but does not require verification through primary source:
  - i. Work history;
  - ii. Hospital and clinic privileges in good standing;
  - iii. History of any suspensions or curtailments of hospital and clinic privileges;
  - iv. Current Drug Enforcement Administration identification number; see <https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp>
  - v. National Provider Identifier number; see <https://npiregistry.cms.hhs.gov/>
  - vi. Current malpractice insurance in an adequate amount, as required for the particular provider type;
  - vii. History of liability claims against the provider;
  - viii. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
  - ix. 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 Providers List, may not participate in the Plan's provider network. This list is available at: <http://files.medical.ca.gov/pubsdoco.SandILanding.asp>; and
  - x. History of sanctions or limitations on the provider's license issued by any state's agencies See <https://exclusions.oig.hhs.gov/>, <https://www.sam.gov/SAM/>
  - xi. History of sanctions or limitations on the provider's license issued by any or licensing boards.

### 2. Document Submission Requirements

All practitioners who deliver covered services under Yolo County Behavioral Health programs funded, in whole or in part, by Medi-Cal, Medicaid/Medicare, shall be required to submit the following documentation:

- a. A completed and signed Practitioner Enrollment Form
- b. All Supporting applications/documents for other qualified mental health and / or substance use disorder service providers
- c. All Supporting Documents as listed above in Section 1 *Credentialing Documents*
- d. A current signed and dated attestation confirming the correctness and completeness of the application, to include disclosure and/or confirmation of:
  - i. Any limitations or inability that affect the provider's ability to perform any of the position's essential functions, with or without accommodations;
  - ii. A history of loss of license or felony conviction;
  - iii. A history of loss or limitation of privileges or disciplinary activity;
  - iv. A lack of present illegal drug use; and
  - v. The application's accuracy and completeness.

#### **E. PROCEDURE**

1. As part of the Practitioner Enrollment protocol, all Yolo County HHS Behavioral Health network providers, classified as licensed, waived, registered certified and/or other qualified providers operating under the direction of a licensed professional, to include subcontracted providers, shall be required to provide verification and supporting documentation which demonstrate the practitioners' eligibility to provide services under federally funded health care programs.
  - a. For all network providers who deliver covered services, a signed and dated attestation shall be submitted to Yolo County HHS upon hire and every three (3) years thereafter.
2. Re-Credentialing verification shall be required by each network provider delivering covered services at a minimum every three (3) years, to ensure that individual practitioners continue to possess valid credentials as listed above. It shall be the responsibility of the network providers to verify and maintain all updated information in personnel files. As part of the re-credentialing process, evaluation of quality improvement activities, beneficiary grievances, and medical records reviews shall be considered as other sources of pertinent information for re-credentialing consideration.
  - a. Yolo County HHS shall monitor the credentialing and re-credentialing verification activities to ensure accountability, establishing a system which:
    - i. Evaluates all credentialing and re-credentialing documentation in accordance to Federal and State requirements.
    - ii. Shall maintain a system of reporting serious quality deficiencies that result in suspension or termination of a provider to DHCS and other authorities as appropriate.
    - iii. Shall monitor and make recommendations to the Compliance Officer, Human Resource, and Senior Management for concerns which may result in disciplinary actions, including reducing, suspending, or terminating a provider's privileges.
    - iv. Shall maintain a process by which providers may appeal credentialing decisions, including decisions to deny a provider's credentialing application, or suspend or terminate a provider's previously approved credentialing approval.

3. It is the responsibility of Yolo County HHS Behavioral Health network providers to report a change of eligibility status or adverse action, that affects participation in federal or state funded health care programs to Yolo County Health and Human Services Agency Behavioral Health within 24 hours of such change, and remove practitioner from any responsibility that receives federal or state health care reimbursement or funding, directly or indirectly, and stop all payments for services provided by the ineligible person, until determination of the outcome, see Policy 5-4-016 BH Compliance Reporting and Notification Requirements.

**F. REFERENCES:**

1. 42 C.F.R 438.214
2. DHCS MHSUDS INFORMATION NOTICE 18-019

**Approved by:**



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**Karleen Jakowski, Mental Health Director  
Yolo County Health and Human Services Agency**

7/18/2022

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**Date**