

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-03-07
	Effective Date	06-07-2005
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Title: Staff Registration/Credentialing		Functional Area: Beneficiary Protection
Approved By: (Signature on File) Signed version available upon request		
Alexandra Rechs, LMFT Program Manager, Quality Management		

BACKGROUND/CONTEXT:

Sacramento County Behavioral Health Services (BHS) is responsible for assuring that the mental health and substance use prevention and treatment services provided are commensurate with the scope of practice, training and experience of the staff utilized. Behavioral Health Services, Quality Management (QM) must certify all staff providing mental health and substance use prevention and treatment services are in accordance with Title 9, Welfare and Institution Code, and Business and Professions Code regulations. BHS is responsible for issuing a Staff Identification when the credentialing requirements are met. In addition, QM maintains confirmation of licensure for County staff performing in a licensed position whether or not they provide direct mental health or substance use prevention and treatment services, or bill for any services provided.

DEFINITIONS:

Licensed Practitioner of the Healing Arts (LPHA)

An LPHA is an individual who may provide or direct others in providing specialty mental health or substance use prevention and treatment services. Direction may include, but is not limited to, acting as a clinical team leader, providing direct or functional supervision of service delivery, approval of client plans. The LPHA directing services is ultimately responsible for the specialty mental health or substance use prevention and treatment services provided. An LPHA must sign staff registration applications, as required, and must possess and maintain a valid California Professional License at all times in one of the following professional classifications (California Code of Regulations, Title 9, Division 1, Article 8.):

1. **Psychiatrist, Medical Doctor, Psychiatric Resident (Licensed)**
2. **Doctor of Osteopathy (DO)**
3. **Licensed Physician (LP)**
4. **Licensed Clinical Psychologist (PSY, Ph.D., PsyD)**
5. **Registered or Advance Practice Pharmacist**
6. **Licensed Clinical Social Worker (LCSW)**
7. **Licensed Marriage and Family Therapist (LMFT)**
8. **Licensed Professional Clinical Counselor (LPCC)**
9. **Registered Nurse**
10. **Nurse Practitioner, Nurse Practitioner Psychiatric Specialist (NP, NPPS) ***
11. **Physician Assistant (PA)***

*** Nurse Practitioner, Nurse Practitioner Psychiatric Specialist (NP, NPPS)**

- See Policy and Procedures # QM-03-04-Nurse Practitioner for additional details

***Physician Assistant (PA)**

- See Policy and Procedures # QM-03-09-Physician Assistant for additional details

Certified Nurse Specialist (CNS)

A CNS possesses a valid California CNS license from the Board of Registered Nursing (BRN). In California a CNS does not have prescriber authority, meaning that they are not allowed to prescribe medication but are able to administer medications.

License Waivered. or Registered

A license waivered or registered individual may provide the same specialty mental health or substance use prevention and treatment services as an LPHA. However, they may direct services only under the supervision of an LPHA. In addition, a license waived staff may not sign staff registration applications that require the signature of a licensed staff or co-sign clinical documentation that requires the signature of a licensed staff. A license waivered or registered staff is an individual who is an Associate Marriage and Family Therapist (AMFT), an Associate Clinical Social Worker (ASW), an Associate Professional Clinical Counselor (APCC), Registered Psychologist (RPS) or a Registered Psychological Assistant (PSB), registered with their respective Board in good standing, and is one of the following:

1. An individual with a **Master's Degree** who is granted a waiver by the County, which allows them to provide the same services as an LPHA.
2. An individual with a **PhD** who has registered with the Board of Psychology and is granted a waiver by the State Department of Mental Health*, *exception UCD Interns/Fellows. (See Business and Professions Code Section 2909)*

***See P & P #03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours for details.**

Licensed Vocational Nurse (LVN)

An LVN possesses a valid California LVN license. Must meet specific criteria to direct specialty mental health or substance use prevention and treatment services. **(See P&P # 04-01 Site Certification for details).**

Psychiatric Technician (PT)

A PT possesses a valid California PT license. Must meet specific criteria to direct specialty mental health or substance use prevention and treatment services. **(See P&P # 04-01 Site Certification for details)**

Registered Pharmacist or Advanced Practice Pharmacist

A Pharmacist possesses a valid California State Board of Pharmacy license in good standing.

Mental Health Rehabilitation Specialist (MHRS)

A MHRS provides specialty mental health services under the direction of a licensed or license waived staff. A MHRS requires co-signatures on clinical documentation in accordance with applicable QM policies and procedures and the Staff Registration-Service and Billing Matrix. A MHRS is an individual who meets one of the following requirements:

1. **Master's Degree** or **PhD** and two years of full-time/equivalent (FTE) direct care experience in a mental health setting.
2. **Bachelor's Degree** and 4 years FTE direct care experience in a mental health setting.
3. **Associate Arts Degree** and six years of FTE direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

FTE Experience may be direct services provided in a mental health setting in the field of:

1. **Physical Restoration**
2. **Psychology**
3. **Social Adjustment**
4. **Vocation Adjustment**

Other Qualified Provider (OQP)

California's Medicaid State Plan (Medi-Cal) defines Other Qualified Provider as an individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service by the county behavioral health department. As of July 1, 2023, the following classifications will be registered/re-registered into the OQP classification:

Mental Health Assistants (I, II, III) and Non-certified Peers.

Student

A Student Trainee is one of the following:

1. "Medical Student Clinical Clerkship" participating in a field trainee placement while enrolled in an accredited Medical School. Psychiatrist co-signature required.
2. "Post Graduate Student" participating in a field trainee placement while enrolled in an accredited PhD Psychology program. LPHA- co signature required.
3. "Master's Level Student" participating in a field trainee placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA)/Masters of Science (MS) Counseling program. LPHA co-signature required.

Alcohol and Other Drug (AOD) Certified/Registered Counselor

Certified/Registered AOD Counselor is an individual who has completed program requirements and is certified by a DHCS Designated Certifying Organization. The individual must remain in good standing with their certifying organization to provide substance use prevention and treatment services for DBHS.

Certified Peer Specialist

Certified Peer Specialists are individuals with lived experience as behavioral health clients, family members, or caregivers. Their role is to provide support and to help others to navigate complex social systems, like the behavioral health system. In order to use the recently added Certified Peer Specialist Medi-Cal Service Codes the peers must have participated in a DHCS approved peer training program and have passed the certification exam. Certified Peer Specialists must maintain an active certification to perform in this role.

PURPOSE:

The purpose of this policy and procedure is to delineate the staff classifications and the corresponding qualifications, education, documentation requirements, for all staff providing mental health and substance use and prevention services. It is the policy of Behavioral Health Services to certify each qualifying staff providing mental health and/or substance use and prevention services, directly or indirectly. A Staff Identification (ID) is issued based on meeting requirements for each classification. Failure to register a staff prior to the staff providing services to clients at a MHP or SUPT provider site where the staff is employed may result in disallowance of all claims submitted by this staff until the staff is appropriately registered.

Completing staff registration in SmartCare requires shared data entry responsibilities between QM and Sacramento County Electronic Health Record (EHR) teams. Due to this new process both the Staff Registration/Credentialing Application, supporting forms and documents, AND the EHR Training Registration Form will all be sent directly to the QM Staff Registration email box at DHSQMStaffReg@saccounty.gov

DETAILS:

I. Staff Registration/Credentialing Application

The completed Quality Management Staff Registration/Credentialing Application Form (Attachment A) and a copy of the NPI printout is submitted to Quality Management with all the required supporting documentation for the requested professional classification at the start of employment.

A. Specify the reason for the application:

1. **New** – This staff is unknown to the MHP or SUPT and does not possess a Staff Identification (ID) Number. An EHR Account/Training Registration form must be completed for both CalMHSA LMS and Sacramento County BHS-EHR live trainings and submitted with the Staff Registration packet. This is required for new user account creation and must be signed by the agency's Authorized Approver. This form can be found on the BHS website at [BHS EHR Training Registration Form](#)
2. **Update-** This staff possesses a Staff ID, and the agency wishes to change information previously submitted. Example: Name change, professional classification, employment status. **Please note** when a staff changes from one program to another within an agency, an updated registration form must be completed and submitted along with all supporting documentation. Failure to register the

staff with QM to the new program in a timely manner causes this staff to be out of compliance with this P&P. All billings incurred prior to registration to the new program may be disallowed.

3. **Termination** – This staff is terminated from current employer program(s) within MHP or SUPT.

B. Agency

1. Agency name
2. Phone number of the staff registration contact person within the agency
3. Date application is being completed
4. Contact person's name for staff registration issues
5. Contact person's email address

C. Applicant

1. Applicant Name. ***It must match the name on NPI Registry and Professional Board or Certifying Organization, or Peer Certification, if applicable.***
2. Date of Birth (**required to query State and Federal databases mandated as part of the credentialing process**),
3. Previous Name/AKA – indicate any previous name(s) submitted.
4. Staff email – Work email associated with the provider employer.
5. National Provider Number (NPI) – Write NPI number on the form and attach the NPPES printout. Please see Staff Registration/Certification Checklist recommended taxonomy codes for guidance on choosing the correct taxonomy code.
6. Taxonomy (see Staff Registration/Certification Checklist for valid taxonomy codes per DHCS)
7. Gender (**Required for Staff Registration**)
8. Date of Employment with current agency program.
9. Termination Date - Provider is required to update Quality Management of the termination date when a staff is no longer employed at a provider agency or program. The original copy of the registration may be scanned and emailed, faxed, or mailed to QM with the termination date added. This step is imperative to prevent unintended violations with compliance regulations.
10. Employment Status – indicate appropriate status.
11. Area of Expertise – staff provides services to members of this population.

D. SmartCare Classification

1. Indicate the specific classification for which this staff qualifies and is being hired to perform.
2. For Registered or Licensed Clinicians – indicate Registration/License Number and Expiration Date – submit copy of professional registration or license.
3. For Registered or Certified Counselors (SUPT only)– submit a copy of the certifying Board's registration or certification.
4. DEA Number, Start Date, and Expiration Date – prescribers should provide a copy of their DEA license.
5. Peer Certification Number – submit a copy of the Peer Certification
6. Certification Organization Name (For SUPT and Certified Peer Specialists)

II. Professional Classification Supporting Documentation and Permissions

- A. LPHA Licensed Physician Class: Medical Doctor (MD), Psychiatrist, Licensed Physician (LP), Doctor of Osteopathy (DO), Nurse Practitioner (NP), Physician Assistant (PA)
 1. See Staff Registration/Credentialing Checklist – Sections I and II
 2. Physicians are able to provide supervision for Nurse Practitioners and Physician Assistants with signed written agreement.
- B. Registered Nurse (RN), Licensed Vocational Nurse (LVN), Certified Nurse Specialist (CNS), Pharmacist, Psychiatric Technician (PT)
 1. See Staff Registration/Credentialing Checklist – Sections I and III

- C. LPHA Licensed Non-Physician Class: Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor
 - 1. See Staff Registration/Credentialing Checklist – Sections I and IV
 - 2. May co-sign for any staff's work.
 - 3. May provide services and supervision in accordance with the professional class scope of practice.
 - 4. All LPHAs providing clinical supervision must be registered with QM whether or not they are providing direct care services or work on-site at a provider agency.

- D. License Waived Professional Class: Associate Clinical Social Worker (ASW), Associate Marriage and Family Therapist (AMFT), Associate Professional Clinical Counselor (APCC), and Waivered Psychologist.
 - 1. See Staff Registration/Credentialing Checklist – Sections I and V
 - 2. Registration with the BBS must be maintained until licensure is confirmed. Staff will not be considered waived for any period during which the BBS registration is allowed to expire due to delinquency, renewal pending, cancellation, revocation, suspension, etc.
 - 3. The BBS Supervision Agreement (ASW, AMFT, APCC) must be maintained until the candidate is licensed. The supervisor of record on the BBS Supervision Agreement must match the supervisor's name on the LPHA Licensure Waiver Application.
 - 4. If there is a change in clinical supervisor, a new BBS Supervision Agreement is due to QM.
 - 5. If there is more than one staff providing clinical supervision, submit a BBS Supervision Agreement and LPHA Licensure Waiver Application for each supervisor.
 - 6. Once clinical hours have been approved by the BBS, the Supervision Agreement located at the bottom portion of the LPHA Licensure Waiver Application may be utilized in lieu of the BBS Statement of Responsibility. A copy of the State of California Notice of Eligibility letter indicating eligibility to test for the clinical exam is required as proof of clinical hours completion or "being in the testing phase."
 - 7. For Waivered Psychologists – DHCS will determine the start and end date of the waiver period.

- E. MHRS Professional Class
 - 1. See Staff Registration/Credentialing Checklist – Sections I and VI

- F. Other Qualified Provider, Medical Student Clinical Clerkship, Doctoral Level Student, or Master Level Student
 - 1. See Staff Registration/Credentialing Checklist – Sections I and VII
 - 2. Students will have access to the CalAIM Assessment and the diagnosis form in SmartCare while in their student placement. They will have access to the OQP procedure codes for services provided to clients and/or families.
 - 3. Student status terminates when the placement term expires. The student must then submit an application for an appropriate classification for which s/he qualifies.
 - 4. Co-signature is required by a licensed individual of the same discipline or higher.
 - 5. **May not co-sign for other staff.**

- G. Other Qualified Provider
 - 1. See Staff Registration/Credentialing Checklist – Sections I and VIII

- H. Certified Peer Specialist Classification:
 - 1. See Staff Registration/Credentialing Checklist – Sections I and IX

- I. Registered or Certified Alcohol and Other Drug (AOD) Counselor (SUPT)
 - 1. See Staff Registration/Credentialing Checklist – Sections I and X

III. Quality Management Staff Certification document

- A. QM will return the signed application to the agency following inspection of all the required supporting documents.
 - 1. The Staff ID will be issued/activated when BHS certifies the staff.
 - 2. The documents must be maintained in the agency staff file.

IV. Registry Staff

- A. Registry staff may be utilized by the MHP or SUPT provider agencies when the staff meets the requirements for the professional class being requested and submits the required supporting documentation.
- B. The agency must document that an appropriate orientation was provided to this staff. Orientation must include, but is not limited to, documentation and program level HIPAA training.
- C. The Registry must provide the agency with verification that the staff completed the general HIPAA training.

REFERENCE(S)/ATTACHMENTS:

- Title 9, Division I, Chapter 3, Article 8; Welfare & Institutions Code Section 5600, 5750, 5751
- Title 9 Division 4, Chapter 3, Subchapter 3, Article 1
- Title 9 Division 4, Chapter 4, Subchapter 3, Article 1
- Title 9 Division 4, Chapter 5, Subchapter 3, Article 2
- Title 9 Division 4, Chapter 8, Subchapter 1,2 ,3
- Business and Professions Code Section 2900-2918, 4980.02, 4980.43, 4996.23, 4996.9,4999.20, 4999.46, 4989.14
- DHCS MHSUDS Information Notice 14-005
- DHCS MHSUDS Information Notice 17-008
- DHCS MHSUDS Information Notice No. 17-040
- DHCS MHSUDS Information Notice No.: 18-019
- DHCS MHSUDS Information Notice No.: 18-056
- DHCS BHIN No.: 20-069
- DHCS BHIN No.: 20-063
- Attachment A – MHP and SUPT Staff Registration/Certification Application
- Attachment B – Staff Registration/Certification Checklist
- Attachment C – Social Security Number (SSN) Consent Form
- Attachment D – LPHA Licensure Waiver Application
- Attachment E – LPHA Licensure Waiver Application for Registered Psychologist and Psychological Assistant
- Attachment F – Other Qualified Provider Student Application
- Attachment G – Mental Health Rehabilitation Specialist Application (MHRS)
- Attachment H – AOD Counselor Application
- EHR Training Request Form

RELATED POLICIES:

- No. 03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours
- No. 03-04 Nurse Practitioner
- No. 03-09 Physician Assistant
- No. 10-26 Core Assessment
- No. 10-27 Problem List and Care Planning – MHP and DMC-ODS

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Children's Contract Providers
X	Mental Health Treatment Center	X	Substance Use Prevention and Treatment Services
X	Adult Contract Providers		

CONTACT INFORMATION:

- Quality Management Information, QMInformation@SacCounty.gov
- Quality Management Staff Registration, DHSQMStaffReg@saccounty.gov