

 <p style="text-align: center;">County of Sacramento Department of Health 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 to members 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. Providers are encouraged to register staff immediately upon hire to avoid credentialing delays or challenges with billing activities. In addition, licensed staff must register with QM as QM maintains confirmation of licensure for 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, and 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 (MD), Psychiatric Resident (Licensed)***
2. **Doctor of Osteopathy (DO)**
3. **Licensed Clinical Psychologist (PSY, Ph.D., PsyD)**
4. **Registered or Advance Practice Pharmacist**
5. **Licensed Clinical Social Worker (LCSW)**
6. **Licensed Marriage and Family Therapist (LMFT)**
7. **Licensed Professional Clinical Counselor (LPCC)**
8. **Registered Nurse**
9. **Nurse Practitioner, Nurse Practitioner Psychiatric Specialist (NP, NPPS) ***
10. **Physician Assistant (PA)***

* Psychiatric Resident (Licensed) is either an individual with a Postgraduate Training License (PTL) or an individual who has completed the requirements for the PTL and has an active Physician and Surgeon or Doctor of Osteopathy license in good standing and is enrolled in an

Accreditation Council for Graduate Medical Education (ACGME) Board-approved California residency or fellowship program to obtain a specialty in psychiatry.

*** 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 waivered or registered 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) or has been granted a Professional Licensure Waiver (PLW) by DHCS to provide mental health services per Welfare and Institutions Code (W&I Code) section 5751.2, subdivision (f)(1) and/or is 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 unlicensed individual with a **PhD/PsyD employed or under contract with the MHP with a degree in psychology and** is granted a Professional Licensure Waiver (PLW) by the State Department of Health Care Services (DHCS)* (See Business and Professions Code Section 2914, subdivision (d)(1) and CCR, Title 16, Section 1387)
3. A PLW may be requested from DHCS for psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who have been recruited for employment from outside of California and is employed or under contract with the MHP or Sacramento County contracted provider to provide specialty mental health services. The individual must have the minimum amount of professional experience to gain admission to the applicable California licensing examination for their profession.

***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.

Occupational Therapist

Occupational Therapists possess a valid California OT license and are individuals who are at least 18 years of age, meet all applicable education, training, and licensure requirements, and provide services that support the ability of members to participate in meaningful activities within a variety of environments.

Medical Assistant

Medical Assistants are individuals who are at least 18 years of age, meet all applicable education, training and/or certification requirements, and provides administrative, clerical, and technical supportive services, according to their scope of practice, and provides services under the supervision of a licensed physician and surgeon as established by the corresponding state authority, 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 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)

An Other Qualified Provider practices specialty mental health services under the direction of a licensed or licensed waived staff. California's Medicaid State Plan (Medi-Cal) defines Other Qualified Provider as an individual at least 18 years of age with at minimum 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.

Clinical Trainee (Student)

A Clinical Trainee (Student) is 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; 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 provides rehabilitative services, including, but not limited to, all coursework and supervised practice requirements. A Clinical Trainee is one of the following:

1. "Medical Student in Clerkship (Physician Clinical Trainee)" participating in a field trainee placement while enrolled in an accredited Medical School for a degree in medicine (Doctor of Medicine (MD) or Doctor of Osteopathy (DO)). Psychiatrist co-signature required.
2. "Psychologist Clinical Trainee participating in a field trainee placement while enrolled in an accredited PhD/PsyD Psychology program. LPHA- co signature required.
3. "Master's Level LPHA Clinical Trainee" 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.

As of May 2024, DHCS has approved the following clinical trainee classifications for those who are participating in field trainee placements in behavioral health settings:

4. Nurse Practitioner/Clinical Nurse Specialist
5. Occupational Therapist
6. Clinical Pharmacist
7. Physician Assistant Registered Associate
8. Psychiatric Technician
9. Registered Nurse
10. Licensed Vocational Nurse

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 navigate complex social systems within the behavioral health system. To use the recently added Certified Peer Specialist Medical Service Codes, the peer must be at least 18 years of age, possess at minimum a High School Diploma or High School Equivalency Diploma (GED), 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, and 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. It is recommended that providers register staff upon hire into the appropriate classification. Staff may not provide billing activities prior to registering with QM. 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. The registration date is the date QM receives the completed registration packet. Knowingly registering a staff member into a classification for which the staff does not qualify, or for a duration beyond the timeframe of qualification, may result in disallowance of all billing claims submitted by this staff when the staff was working out of scope. Please update QM immediately with classification updates.

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. Providers who do not use the County EHR are still required to register all licensed staff and other staff providing direct care services to BHS members. It is not necessary, however, to take the EHR training.

Provider Application and Validation for Enrollment System (PAVE) is a secure, interactive, web-based system for providers to enroll in the Medi-Cal Fee-for-Service program. All designated staff providing direct-care services to BHS members must provide evidence of enrollment in PAVE during the Staff Registration process.

Medi-Cal Rx partnered with Magellan standardizes the Medi-Cal pharmacy benefit in the fee-for-service delivery system statewide, under one delivery system. Prescribers are required to provide evidence of Medi-Cal Rx enrollment during the Staff Registration process. Medical staff who dispense and administer medications, but do not prescribe medications, are exempt from this requirement.

DETAILS:

I. Staff Registration/Credentialing Application

The completed Quality Management Staff Registration/Credentialing Application Form (Attachment A or A1) 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. Please ensure the NPI taxonomy is correct for the classification being requested on the NPPES NPI Registry system prior to registration (see Staff Registration/Credentialing Checklist for guidance)

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). 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 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 the MHP or SUPT Plans.
4. **Date** – Date application is being completed.

B. Agency

1. Agency name
2. Agency phone number of the staff registration contact person within the agency
3. Agency contact person's name for staff registration issues
4. Agency 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 MHP/SUPT employer.
5. National Provider Number (NPI) – Write NPI number on the form and attach the NPPES printout.

6. Taxonomy (see Staff Registration/Credentialing Checklist for guidance on choosing the correct taxonomy code.)
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. Submission of the BHS EHR Training Registration Form is required to deactivate this staff in SmartCare. This step is imperative to prevent unintended violations with compliance regulations.
10. Employment Status – indicate appropriate status.
11. Area of Expertise – Please indicate the population being served by the MHP/SUPT program.

D. SmartCare Classification

1. Indicate the specific classification for which this staff qualifies and is being hired.
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 AOD Counselors – submit a copy of the certifying Board’s registration or certification.
4. DEA Number, Start Date, and Expiration Date – prescribers must provide a copy of their DEA license.
5. Peer Certification Number – submit a copy of the Peer Certification
6. Board/Certification Organization Name (For Licensed, licensed waived, AOD counselors and Certified Peer Specialists)

II. Professional Classification Supporting Documentation and Permissions

- A. LPHA Licensed Physician Class: Medical Doctor (MD), Psychiatrist, Doctor of Osteopathy (DO), Nurse Practitioner (NP), Physician Assistant (PA)**
1. See Staff Registration/Credentialing Checklist – Sections I and II or V for Residents or Fellows
 2. MDs and DOs are able to provide supervision for Nurse Practitioners and Physician Assistants with signed written agreement.
 3. Psychiatric Resident or Fellow must also complete the Resident Application (Attachment E) attesting to the type of resident/fellow they are.
- B. Registered Nurse (RN), Licensed Vocational Nurse (LVN), Certified Nurse Specialist (CNS), Pharmacist, Psychiatric Technician (PT), Occupational Therapist (OT)**
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 VI
 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 and the supervisor must be registered with QM.

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 VII

F. Trainees: Medical Student in Clinical Clerkship (Physician Clinical Trainee), Psychologist Clinical Trainee, Master Level LPHA Clinical Trainee, Nurse Practitioner/Clinical Nurse Specialist, Occupational Therapist, Clinical Pharmacist, Physician Assistant Registered Associate, Psychiatric Technician, Registered Nurse, or Licensed Vocational Nurse.

1. See Staff Registration/Credentialing Checklist – Sections I and VIII
2. Trainees will have access to the CalAIM Assessment and the diagnosis form in SmartCare while in their trainee placement. They will have access to the same procedure codes for services provided as their licensed supervisor.
3. The Trainee classification is approved for up to one year at a time.
4. The Trainee status terminates when the placement term expires or the trainee graduates. If the trainee remains with BHS post-placement, the trainee must submit an application for the appropriate classification for which s/he qualifies.
5. Co-signature is required by a licensed individual of the same discipline or higher.
6. **May not co-sign for other staff.**

F1. Trainee Extension - An individual can request a trainee extension when any of the following occurs:

1. The individual remains a trainee, and the internship/practicum lasts longer than the requested timeframe with the same provider.
2. The trainee has completed required coursework but must remain in the current placement to complete their degree requirements.
3. The trainee has graduated from school and the provider at the time of graduation intends to hire the trainee, with no break in service, for continuity of care with clients receiving therapy services by the trainee while the trainee applies to the Board of Behavioral Sciences to become an AMFT, ASW, APCC.
 - a. Post-graduate extensions are for up to 90 days. Additional extensions may be available on a limited basis for the purpose of BBS registration. Supporting documentation of extenuating circumstances is required.
 - b. If the trainee intends to count supervised experience gained during the window of time between the degree award date and the issue date of the Associate number, Per the BBS 90-day Rule, Live Scan fingerprinting is required prior to gaining post-degree experience hours.
 - c. If the Trainee does not plan to count post-degree experience towards BBS clinical hours, Live Scan fingerprinting is not required, however, the extension request must include a written attestation signed by the trainee attesting to their understanding of the BBS 90-day Rule requirement and their decision to abandon the potential clinical hours.

*QM may require verification from the school of the trainee's educational status.

G. Medical Assistant:

1. See Staff Registration/Credentialing Checklist – Sections I and IX

- H. Other Qualified Provider
 - 1. See Staff Registration/Credentialing Checklist – Sections I and X
 - I. Certified Peer Specialist Classification:
 - 1. See Staff Registration/Credentialing Checklist – Sections I and XI
 - J. Registered or Certified Alcohol and Other Drug (AOD) Counselor (SUPT)
 - 1. See Staff Registration/Credentialing Checklist – Sections I and XII
- 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 Staff Registration/Certification Application
- Attachment A1 - SUPT Staff Registration/Certification Application
- Attachment B – Staff Registration/Certification Checklist
- Attachment C – Social Security Number (SSN) Consent Form
- Attachment D – Licensed Staff Application
- Attachment E – Resident Application
- Attachment F – LPHA Licensure Waiver Application
- Attachment G – LPHA Licensure Waiver Application for Psychologist
- Attachment H – Clinical Trainee (Student) Application
- Attachment I – Mental Health Rehabilitation Specialist Application (MHRS)
- Attachment J – AOD Counselor Application

- Attachment K – Taxonomy codes
- 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

