

 <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)	SUPT
	Policy Number	SUPT-03-12
	Effective Date	02-17-2021
	Revision Date	
Title: Scope of Practice		Functional Area: Treatment
Approved By: Signed version available upon request		
Lori Miller, LCSW Division Manager, Substance Use Prevention and Treatment Services		

BACKGROUND/CONTEXT:

In accordance with Provision of Services outlined in the Intergovernmental Agreement with the State of California, Department of Health Care Services (DHCS), Sacramento County Substance Use Prevention and Treatment (SUPT) Services stipulates requirements that apply to subcontracted provider professional staff in the provision of substance use disorder treatment services to beneficiaries.

DEFINITIONS:

Licensed Practitioner of the Healing Arts (LPHA): licensed, registered, certified, or other professional staff recognized under California scope of practice statutes who provide services or receive supervision required under their scope of practice laws, including: Physician; Nurse Practitioner; Physician Assistant; Registered Nurse; Registered Pharmacist; Licensed Clinical Psychologist; Licensed Clinical Social Worker; Licensed Professional Clinical Counselor; Licensed Marriage and Family Therapist; and Licensed Eligible Practitioners working under the supervision of Licensed Clinicians.

Medical Director: a physician who is licensed by the Medical Board of California employed by a provider to have medical responsibility and oversight for the beneficiaries of that provider.

Provider: community-based service providers contracted by SUPT to provide substance use prevention and treatment services. There are licensed, registered, and Drug Medi-Cal-approved or certified Substance Use Disorder prevention or treatment programs that are operated in accordance with applicable laws and regulations.

PURPOSE:

The purpose of this Policy and Procedure is to provide an overview of the requirements that apply to the provider and provider staff related to their scope of practice.

DETAILS:

Policy:

It is the policy of SUPT to ensure that LPHAs employed by providers to deliver services and supervise non-professional staff are licensed, registered, certified, or recognized under California scope of practice statutes and that services are delivered within their scope of practice.

Procedure:

- A. LPHAs shall meet the following requirements
 1. Be licensed, registered, certified, or recognized under California scope of practice statutes
 2. Provide services within their individual scope of practice and receive supervision required under their scope of practice laws
 3. Receive a minimum of five (5) hours of continuing education related to addiction medicine each year

- B. Medical Directors shall meet the following requirements
 1. All requirements listed for LPHAs
 2. Adhere to and sign written provider Roles and Responsibilities that include, at a minimum, the following
 - a.) Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care
 - b.) Ensure that physicians do not delegate their duties to non-physician personnel
 - c.) Develop and implement written medical policies and standards for the provider
 - d.) Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards
 - e.) Ensure that the medical decisions made by physicians are not influenced by fiscal considerations
 - f.) Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries
 - g.) Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section
 3. Adhere to and sign a written provider Code of Conduct that addresses at least the following
 - a.) Use of drugs and/or alcohol
 - b.) Prohibition of social/business relationship with beneficiaries or their family members for personal gain
 - c.) Prohibition of sexual contact with beneficiaries
 - d.) Conflict of interest
 - e.) Providing services beyond scope
 - f.) Discrimination against beneficiaries or staff
 - g.) Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff

- h.) Protection of beneficiary confidentiality
 - i.) Cooperate with complaint investigations
 - 4. Develop and implement written medical policies and standards for the provider
- C. SUPT ensures all professional staff work within their scope of practice
1. SUPT outlines professional staff roles and responsibilities in detail in the Sacramento County Practice Guidelines and Provider Manual, which is made available to and reviewed with providers
 2. Sacramento County Behavioral Health Services, Quality Management (QM) certifies all County and contracted provider LPHAs who provide the intake, assessment, treatment, recovery planning, and individual and group counseling to beneficiaries
 3. SUPT is included in the written process established by QM to certify and register LPHA staff
 - a.) LPHAs complete applicable applications as specified by QM and outlined in PP-BHS-QM-03-07 Staff Registration
 - b.) QM reviews applications for completion and accuracy and corresponds with the applicant for any missing preliminary information
 - c.) QM verifies information by querying the National Practitioner Data Bank and applicable licensing boards
 - d.) QM staff issues a Staff Registration Number when the certification requirements are met and maintain all application documents
 4. SUPT providers submit a signed credentialing attestation form at the beginning of the contractual relationship with SUPT and annually thereafter to declare that all employed LPHAs are in good-standing
 5. During annual site reviews, SUPT Contract Monitors review provider staff members' current registration, certification, intern status, licensure, proof of continuing education, and National Provider Identifier utilizing the Personnel File Tool of the Sacramento County Annual Site Monitoring Tool

REFERENCE(S)/ATTACHMENTS:

- Attachment 1: Credentialing Attestation Form
- County of Sacramento Intergovernmental Agreement, Exhibit A, Attachment I, Provision of Services
- Sacramento County Practice Guidelines and Provider Manual
- Sacramento County Annual Site Monitoring Tool – Personnel File Tool

RELATED POLICIES:

- PP-BHS-QM-03-07 Staff Registration
- PP-BHS-QM-41-01 Division of Behavioral Health Compliance Program
- PP-BHS-QM-41-03 Division of Behavioral Health Code of Conduct
- PP-BHS-SUPT-02-06 Contract Monitoring

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	SUPT Administration	X	SUPT Prevention Providers
X	SUPT County Counselors	X	SUPT Adult Treatment Providers
X	SUPT Collaborative Courts	X	SUPT Youth Treatment Providers
X	SUPT System of Care		ADS Advisory Board
X	SUPT Administrative Support Staff	X	SUPT SUD Subcontractors
X	SUPT Options for Recovery		BHS Mental Health Services
X	SUPT Proposition 36	X	BHS Quality Management

CONTACT INFORMATION:

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ATTACHMENT 1

CREDENTIALING ATTESTATION

Consistent with the requirements of the Department of Health Care Services Mental Health Substance Use Disorder Services Information Notice No. 18-019, the Americans with Disabilities Act, 42 U.S.C. §§ 12101 *et seq.*, 42 C.F.R. §§ 438.214(d), 438.610(a) and (b), 438.808(b), the Social Security Act Section 1128 and Section 1128A, and on behalf of:

Official Program Name

The undersigned person does hereby attest that:

1. Licensed, waived, registered and/or certified practitioners:

- (a) do not have any limitations that affect the practitioner's ability to perform any of the position's essential functions, with or without accommodation.
- (b) do not have a history of loss of license or felony convictions. A felony conviction does not automatically exclude a provider from contracting with Sacramento County Behavioral Health Services Division – Alcohol and Drug Services (ADS). However, ADS may not employ or contract with individuals excluded from participation in Federal health care programs under either Section 1128 or Section 1128A of the Social Security Act:

EXCLUSION OF CERTAIN INDIVIDUALS AND ENTITIES FROM PARTICIPATION IN MEDICARE AND STATE HEALTH CARE PROGRAMS

- Conviction of program-related crimes
- Conviction relating to patient abuse
- Felony conviction relating to health care fraud
- Felony conviction relating to a controlled substance – unlawful manufacture, distribution, prescription, or dispensing of a controlled substance
- Conviction relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct
- Conviction relating to obstruction of an investigation or audit
- Misdemeanor conviction relating to controlled substance - unlawful manufacture, distribution, prescription, or dispensing of a controlled substance
- License revocation or suspension
- Exclusion or suspension under federal or state health care program
- Claims for excessive charges or unnecessary services and failure of certain organizations to furnish medically necessary services
- Fraud, kickbacks and other prohibited activities
- Entities controlled by a sanctioned individual
- Failure to disclose required information
- Failure to supply requested information on subcontractors and suppliers
- Failure to supply payment information

- Failure to take corrective action
- Default on health education loan or scholarship obligations
- Individuals controlling a sanctioned entity
- Making false statements or misrepresenting material facts
- Knowingly misclassifying covered outpatient drugs

(c) do not have a history of loss or limitation of privileges or disciplinary activity.

(d) lack present illegal drug use.

2. The application to contract with Sacramento County Behavioral Health Services Division – Substance Use Prevention and Treatment Services is accurate and complete.
3. He or she has reviewed these aspects of the program to which DHCS MHSUDS Information Notice No. 18-019 applies.
4. The aspects of the program to which DHCS MHSUDS Information Notice No. 18-019 applies meets the requirements of DHCS MHSUDS Information Notice No. 18-019.

Printed Name* _____

Signature* _____

Title: _____ Date: _____

*Note: This form must be signed by the person: responsible for operating a drug or alcohol-related program.