

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>QM</b>
	Policy Number	<b>QM-05-02</b>
	Effective Date	<b>01-21-1999</b>
	Revision Date	<b>12-29-2020</b>
<b>Title:</b> <b>Credentialing Policy for Organizational Providers and County Mental Health Programs</b>		<b>Functional Area:</b> <b>Target Populations &amp; Array of Services</b>
<b>Approved By: (Signature on File) Signed version available upon request</b>  <b>Alexandra Rechs, LMFT</b> Program Manager, Quality Management		

**BACKGROUND/CONTEXT:**

The Congress of the United States has worked to protect the health and welfare of the nation’s elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The Sacramento County Division of Behavioral Health Services (DBHS) and Mental Health Plan (MHP) desires to ensure this protection by providing care that is consistent with recognized community standards from qualified practitioners. To this end, the credentialing process is necessary to assure the training and experience of organizational provider staff and DBHS staff who provide mental health and alcohol and drug services commensurate with those of the National Council for Quality Assurance. Credentialing activities shall be carried out in conformance with the California Business and Professions Code, Sections 800-809.9, and Welfare and Institutions Code, Section 4080, et seq. It shall also maintain a program to exclude individuals and entities under Congressional mandate of The Office of Inspector General (OIG) legal authorities contained in sections 1128, 1128A and 1156 of the Social Security Act, and maintain a list of all currently excluded parties called the “List of Excluded Individuals/Entities” (LEIE).

In accordance with State Department of Health Care Services (DHCS) contract requirements, the DBHS Compliance Program and MHP has established this Policy and Procedure to ensure that County providers, contract providers and their vendors have not been excluded from participating in Federally-funded health care programs as noted on the LEIE or MediCal List of Suspended or Ineligible Providers, System Award Management (SAM), the Social Administration’s Security Death Master File, National Plan and Provider Enumeration System (NPPES/NPI), or Excluded Parties List System/System Award Management (EPLS/SAM) database

The DBHS, Quality Management (QM) program delegates responsibility for credentialing of staff to the organizational providers and County programs. Quality Management must certify all staff that provides mental health or alcohol and drug services in accordance with Title 9, Welfare and Institution Code, Business and Professions Code of Regulations. QM is responsible for issuing a Staff Registration number when the credentialing requirements are met for each professional classification (see Policy and Procedure No. 03-07 “Staff

Registration” and No 03-06 “Licensure Waiver and Monitoring of Accrued Supervised Hours”).

Credentialing shall be conducted without regard to race, ethnicity, national origin, color, gender, age, creed, sexual orientation, or religious preference.

Site certification reviews shall include examination of the provider’s credentialing policies and procedures and documentation of credentialing verification, including the OIG and MediCal Suspended or Ineligible Provider List query.

## **DEFINITIONS:**

**“Excluded Individual/Entity”** refers to an individual or entity who:

- a. Is currently excluded, suspended, debarred, or otherwise ineligible to participate in Federal health care programs, including Medicare/Medicaid programs, or
- b. Has been convicted of a criminal offense related to conduct that would or could result in exclusion under 42 U.S.C. 1320a-7, including criminal offenses related to the delivery of health care items or services.

**“Suspended and Ineligible Provider”** refers an individual or entity that has been suspended from participation in the MediCal program and has been:

- a. Convicted of a felony.
- b. Convicted of a misdemeanor involving fraud, abuse of the MediCal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of services.
- c. Suspended from the federal Medicare or Medicaid programs for any reason.
- d. Lost or surrendered a license, certificate, or approval to provide health care.
- e. Breached a contractual agreement with DHCS that explicitly specifies inclusion on this list as a consequence of the breach.

## **PURPOSE:**

The purpose of this policy is to delineate the processes to govern the credentialing of DBHS organizational provider professional staff. It is the policy of DBHS that each staff providing mental health and or alcohol and drug services, directly or indirectly, meets the standards set forth by the DBHS Credentialing process.

This policy will establish a process and guidelines for performing checks of DBHS employees, contract providers, volunteers, and vendors/contractors within the DBHS to ensure that none are listed as an “Excluded Individual/Entity” on the LEIE or MediCal List of Suspended or Ineligible Providers, the Social Administration’s Security Death Master File, National Plan and Provider Enumeration System (NPPES/NPI), Excluded Parties List System/System Award Management (EPLS/SAM) database, and their individual licensing board

The DBHS shall not hire or contract with any individual or entity under sanction or exclusion by an authorized law enforcement, regulatory, or licensing agency.

Current DBHS and contract providers and their vendors who become designated as “Excluded Individual/Entity” or “Suspended or Ineligible Provider” or who are charged with criminal conduct that could lead to exclusion from involvement in Federal health care programs shall be removed from responsibility for, or involvement with DBHS operations related to Federally or State funded health care programs until such time as the person or entity is reinstated by the OIG or MediCal.

## **DETAILS:**

### **Procedure**

DBHS requires all organizational providers (MediCal contract providers) to credential their staff. All contract providers will have a credentialing process in their policy and procedure manuals. Information in the credentialing files will be maintained separate from personnel files. Records shall be maintained that document the pre-employment/contracting checks, and the subsequent monthly checks for a minimum of ten years after the end of an employee’s employment period. Such agency records shall be available for review by the DBHS Compliance Officer and will be reviewed at Site Certification. The required documentation may consist of an activity log that lists who performed the check, when the check was performed, the results, and any notification of other parties if required.

### **Provider Responsibilities:**

1. Contract providers shall query the OIG, MediCal Suspended or Ineligible Provider List, and Excluded Parties List System/System Award Management (EPLS/SAM) database, prior to employment and monthly for their employees, volunteers, and vendors not using Avatar. Individuals/Entities designated an “Excluded Individual/entity” (LEIE) shall be removed from the responsibility for, or involvement with DBHS operations related to Federal or State funded health care programs until such time as the person or entity is reinstated by the OIG or the MediCal Suspended or Ineligible Provider List.
2. Providers must report the monthly check results in the QM section of the Quarterly Report submitted to the Program Contract Monitor for QM review. The monthly checks will be in the form of an attestation that all of the Non Avatar Users were checked and the results of those checked.
3. The contract provider shall notify the DBHS Compliance Officer within (1) business day after it comes to the attention of the contract provider that any employee, volunteer, vendor, or the contract provider/entity becomes designated an “Excluded Individual/Entity.” QM will inactivate the staff ID number.
4. The contract provider shall remove any “Excluded Individual/Entity” or MediCal Suspended or Ineligible Provider from any position for which the person’s salary or the items or services rendered, ordered, or prescribed by the person are paid in whole or part, directly or indirectly, by federal health care programs or otherwise with federal funds until such time as the person is reinstated into participation in the federal health care programs.
5. For Avatar users, QM will query each of the contract providers and notify the provider within (1) business day after it comes to the attention of the DBHS Compliance

Program that any employee, volunteer, vendor, or that contract provider/entity became designated an Excluded Individual/Entity. This notice will inform the provider of the authority of the Department of Health Care Services (DHCS) to impose administrative sanctions within three months of receiving the notice.

6. The DBHS Compliance Officer will notify the DBHS Deputy Director if a contract provider entity is listed on the current LEIE or MediCal Suspended or Ineligible Provider list. The contract provider entity will be removed from providing services paid in whole or part, directly or indirectly by federal health care programs or otherwise with federal funds until such time as the entity is reinstated in to participation in the federal health care programs.
7. If a duplicate name appears on one the lists, the provider and DBHS must demonstrate due diligence that this name does not in fact belong to the individual providing services, as demonstrated by the license number, social security number, NPI, and/or other identifying information which does not match the individual on the excluded list.

### **DBHS Responsibilities**

The DBHS Compliance Program shall verify that all existing DBHS employees, contract employees, and contract provider entities are not listed on the current LEIE or MediCal Suspended or Ineligible Provider list. DBHS shall maintain records that document the monthly checks.

The DBHS Compliance Program will verify monthly that DBHS and contract employees and the Contract Provider/Entity, who are registered in Avatar, do not appear on the current LEIE or MediCal Suspended or Ineligible Provider list.

The DBHS Compliance Officer will notify the contract provider if an employee appears on the current LEIE or MediCal Suspended, Ineligible Provider list, Social Security Administration's' Death Master File, National Plan and Provider Enumeration System (NPPES/NPI), or Excluded Parties List System/System Award Management (EPLS/SAM) database within one (1) business day of verification. The DBHS Compliance Officer will instruct the contract provider to remove the excluded individual from any position for which the person's salary or the items or services rendered, ordered, or prescribed by the person are paid in whole or part, directly or indirectly, by federal health care programs or otherwise with federal funds until such time as the person is reinstated into participation in the federal health care programs.

The DBHS Compliance Officer will notify the DBHS Deputy Director if a contract provider entity is listed on the current LEIE or MediCal Suspended, Ineligible Provider list, Social Security Administration's' Death Master File, National Plan and Provider Enumeration System (NPPES/NPI), or Excluded Parties List System/System Award Management (EPLS/SAM) database. The contract provider entity will be removed from providing services paid in whole or part, directly or indirectly by federal health care programs or otherwise with federal funds until such time as the entity is reinstated in to participation in the federal health care programs.

The DBHS Compliance Officer will check the following Licensing Enforcement lists regularly:

- Board of Behavioral Sciences (BBS)
- Board of Psychology (BOP)
- Physician Assisstant Board
- California State Board of Pharmacy
- Medical Board of California
- California Board of Registered Nursing

The DBHS Compliance Officer will contact the contract provider within one (1) business day if an employee appears on any of the aforementioned Enforcement Actions Lists.If the licensee or registrant receives a Citation or Accusation, they are eligible to continue practice and therefore are not deemed an ineligible provider. DBHS will conduct an investigation in cooperation with the

contracted provider to determine if their license or registration is revoked, surrendered, suspended or placed on interim suspension, they are ineligible to practice.

If the licensee or registrant is placed on probation, they are considered an eligible provider only if they meet the specific terms and conditions of their probation.

- I. Primary Source Verification: Contract providers shall credential all staff initially by means of primary source verifications.
  1. Education
  2. Employment (evaluate gap in employment)
  3. Licensure/Registration
  4. DEA Certificate (psychiatrist and nurse practitioners)
  5. Board Certification (for psychiatrist)
  6. Residency (for psychiatrist who are not Board Certified)
  7. Professional Liability/Malpractice Insurance Coverage
  8. American Board of Medical Specialties (ABMS), if applicable. (Not required)
  9. National Provider Identifier (NPI)
  
- II. National Practitioner Data Bank (NPDB): Quality Management will query the NPDB on behalf of the provider for all psychiatrists. Providers must submit the completed NPDB Query Request Form (Attachment I) with a copy of the license and DEA certificate, if applicable.
  
- III. Death Master File (DMF): This database, produced and maintained by the Social Security Administration, records the identity of individuals reported as deceased. To prevent financial fraud and identity theft, QM must query the DMF for all current and future contracted and county employees. This is a one time query for all individuals.
  
- IV. Excluded Parties List System/System Award Management (EPLS/SAM): The Excluded Parties List System (EPLS) was a database that was maintained by the General Services Administration (GSA). The list identified suppliers and vendors excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. The EPLS also issued any administrative and statutory exclusions across the entire government, and individuals barred from entering the United States. The EPLS was replaced on November 21, 2012, by the System for Award Management (SAM). SAM combined federal procurement system, and the Catalog of Federal Domestic Assistance into one new system.
  
- V. Licensed Staff: All licensed or licensed waived staff must remain current during the lifetime of an organizational provider's contract with DBHS. Staff whose licenses/registrations are not current or cannot be verified will not be considered licensed for service delivery or documentation requirements. Any staff identified on their licensing board's enforcement list will be investigated and may or may not be able to continue providing services depending on the severity of the enforcement action.
  
- VI. County Staff: All County owned or operated programs shall conform to the credentialing requirements and expectations as described for the organizational providers with the following exceptions:
  1. QM will verify licenses for all County staff.
  2. QM will query the NPDB for all licensed psychiatrist and psychologist.
  3. QM will query the OIG, SAM, and MediCal Suspended or Ineligible Provider List for all County staff.

4. QM will query the OIG, SAM, and MediCal Suspended or Ineligible Provider List for contract provider entities. (See policy QM 20-02 02 Excluded Individuals/Entities)
5. Human Resources will review work history and education.
6. County Supervisors shall maintain accurate Staff Rosters.
7. Supervisory personnel shall track license/registration expiration dates and submit renewals to QM.

**VII. Staff Rosters:** Contract providers shall develop and maintain Staff Rosters. Staff Rosters shall serve as:

1. Summary of the credentialing activities.
2. Reference tool to ascertain the permitted scope of service provision and documentation requirements for any staff member.
3. Submitted to QM the week before a provider's monthly Utilization Review Committee meeting date.
4. Listing of all staff, including Administrative, with access to Avatar.

Instructions for accessing the OIG LEIE can be found at:

<http://exclusions.oig.hhs.gov/>

Instructions for accessing the MediCal Suspended or Ineligible Provider List

<http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>

Instructions for accessing the Social Security Administration Death Master File

[https://www.ssa.gov/dataexchange/request\\_dmf.html](https://www.ssa.gov/dataexchange/request_dmf.html)

Instructions for accessing the National Plan and Provider Enumeration System (NPPES)

<https://nppes.cms.hhs.gov/#/>

Instructions for accessing the System for Award Management (SAM)

[Search | System for Award Management \(sam.gov\)](#)

Instructions for accessing the Board of Behavioral Sciences (BBS) Enforcement Actions List

[http://www.bbs.ca.gov/consumer/disciplinary\\_actions.shtml](http://www.bbs.ca.gov/consumer/disciplinary_actions.shtml)

Instructions for accessing the Medical Board of California (MBC) Enforcements Actions List

[https://www.mbc.ca.gov/Enforcement/Order\\_Documents.aspx](https://www.mbc.ca.gov/Enforcement/Order_Documents.aspx)

Instructions for accessing the Board of Psychology (BOP) Enforcement Actions Report

<http://www.psychology.ca.gov/consumers/disaction.shtml>

**REFERENCE(S)/ATTACHMENTS:**

- Mental Health Plan
- CCR, Title 9, §1810.435
- Business and Professions Code, Sections 800-809.9, 2909
- W & I Code, Section 4080
- Social Security Act Sections 1128 and 1156
- DMH Letter No. 10-05
- Title 42, Code of Federal Regulations, Sections §438.214 and §438.610
- Title 42, Code of Federal Regulations, Sections §1128 and §1128A
- California Administrative Code Title 9, Section §1840.112
- Welfare and Institutions Code, Sections §14043.6 and §14123

**RELATED POLICIES:**

- No. 04-01 Site Certification of Provider Physical Plan
- No. 10-07 Licensure Waiver & Monitoring of Accrual Supervised Hours
- No. 03-07 Staff Registration

**DISTRIBUTION:**

Enter X	DL Name	Enter X	DL Name
X	Behavioral Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use and Prevention Treatment		
X	Specific grant/specialty resource		

**CONTACT INFORMATION:**

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