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March 25, 2021

- SAPC BULLETIN 21-03
- TO: Los Angeles County Substance Use Disorder Contracted Treatment Providers
- FROM: Gary Tsai, M.D., Division Director Substance Abuse Prevention and Control

SUBJECT: CREDENTIALING AND RE-CREDENTIALING OF ALL TREATMENT SERVICE PROVIDER AGENCIES AND STAFF

The Department of Public Health, Division of Substance Abuse Prevention and Control (SAPC) will implement the credentialing and re-credentialing process described below in accordance with requirements from the California Department of Health Care Services, <u>Mental Health and Substance Use Disorder Services (MHSUDS) INFORMATION</u> <u>NOTICE NO.: 18-019</u>.

Effective immediately, provider agencies and staff who are rendering services under the Drug Medi-Cal Organized Delivery System (DMC-ODS) are required to submit the following items, as required by staffing level:

Document	Description	Staffing Level
License, Certification, Registration	The appropriate license(s) and/or board certification(s) or registration(s)	 Physicians Non-Physician Licensed Practitioner of the Healing Arts Registered/Certified Counselors Other staff, as indicated by SAPC guidelines
Diploma and/or Transcripts	Evidence of graduation or completion of any required education	 Physicians Non-Physician Licensed Practitioner of the Healing Arts Registered/Certified Counselors Other staff as indicated by SAPC guidelines

Medical Residency for Physicians-In- Training	Proof of completion of any relevant medical residency and/or specialty training(s)	 Physicians Non-Physician Licensed Practitioner of the Healing Arts Registered/Certified Counselors Other staff as indicated by SAPC guidelines
Continuing Education	Satisfaction of applicable continuing education requirements	 Physicians Non-Physician Licensed Practitioner of the Healing Arts Registered/Certified Counselors Other staff as indicated by SAPC guidelines

Additionally, SAPC's Contracts Management and Compliance staff will verify and request from provider agencies the following via regular compliance monitoring activities, based on staffing level:

- 1. Work history
- 2. Hospital and clinic privileges in good standing
- 3. History of any suspension or curtailment of hospital and clinic privileges
- 4. Current Drug Enforcement Administration identification number
- 5. National Provider Identifier number
- 6. Current malpractice insurance

The credentialing and re-credentialing process will also include a review of the provider agency licenses (Drug Medi-Cal, Alcohol and Other Drug, etc.), key leadership and staff, and other records to identify and/or confirm the following:

- 1. No history of liability claims against the provider/staff that would prevent participation in the County's DMC-ODS Program;
- 2. Identify any staff or providers barred or excluded from participating in the Medicaid (i.e., Medi-Cal) or Medicare program; and
- 3. Identify any history of sanctions or limitations on the provider's license issued by any State agencies and/or licensing boards.

Provider Credentialing and Re-Credentialing Attestation

As part of the credentialing process, all provider agency staff that are licensed, registered, waivered, and/or certified must sign the Provider Credentialing and Re-Credentialing Attestation (Attachment A) at the time of credentialing application submission and every instance upon re-credentialing.

Credentialing Process

SAPC's Contracts Management and Compliance staff will work with provider agencies to secure all the items described above. To better support providers, the credentialing process will be incorporated into existing compliance activities. Initial credentialing will be incorporated into the Sage onboarding process; and, items will be collected during the

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account creation and periodic verification. Annual recredentialing will be incorporated into the personnel review component of ongoing monitoring activities by SAPC.

Provider agencies will be notified by SAPC on the outcome of all credentialing requests. If a credentialing or re-credentialing application is denied, the provider agency has the right to appeal a credentialing/re-credentialing decision by submitting a written appeal to SAPC within thirty (30) calendar days of the determination. Each appeal will be considered and reviewed based on the original rationale for the denial, the justification for the appeal, and upon consideration and final decision by the SAPC Director or designee within sixty (60) calendar days from the date of the appeal submission.

Adverse Actions and Appeal Process

SAPC may suspend or terminate privileges, either at the agency, staff, or site-level, based on findings resulting from quality assurance reviews and/or conduct violations, beneficiary grievances, medical reviews, investigations, and/or audits. Additionally, SAPC will suspend or terminate credentialing if the service provider makes fraudulent statements and/or withholds information in his/her credentialing and/or re-credentialing application/packet.

Provider Verification

Provider agencies are encouraged to incorporate confirmation that staff are not barred or excluded from participating in the Medicaid (i.e., Medi-Cal) or Medicare program. Taking this proactive action may reduce staffing issues should SAPC not be able to credential a staff member. Provider agencies should use the following links to conduct their research:

- <u>Medical Board of California</u> (MBC)
- <u>California Department of Consumer Affairs</u> (DCA)
- <u>National Practitioner Data Bank</u> (NPDB)
- <u>National Plan and Provider Enumeration System</u> (NPPES)
- California Association of DUI Treatment Programs (CADTP)
- California Consortium of Addiction Programs and Professionals (CCAPP)
- <u>State of California Department of Health Care Services, Medi-Cal Suspended</u> and Ineligible Provider List
- <u>United States Department of Health & Human Services Office of Inspector</u> <u>General Exclusion Database</u>
- <u>The United States Department of Justice National Sex Offender Public Website</u>
- Other agencies as necessary

Please contact your assigned Contract Program Auditor for additional information.

GT:dd

Attachment