



HEALTH AND HUMAN SERVICES AGENCY BEHAVIORAL HEALTH & RECOVERY SERVICES

POLICY AND PROCEDURE

SUBJECT: Staffing Verification & Billing Privileges for Clinicians, Mental Health Rehab Specialists and Care Managers

APPLICABLE PROGRAM(S): Mendocino County Mental Health Managed Care Plan

APPROVED BY: Tom Pinizzotto, Mental Health Director

Signature:

A handwritten signature in black ink that reads "Tom Pinizzotto" with a stylized flourish at the end.

CREATED 12/13 Revised: 3/14, 7/14

Policy:

Mendocino County Mental Health Plan Providers (MC MHP) shall use the following staffing verification process and classifications to provide specialty mental health services and Medi-Cal billing.

Procedure:

1. MC MHP Providers prior to offering employment or contracting with a person will complete the verification process. This includes the following:
 - Verification of eligibility with the Office of the Inspector General (OIG) prior to offering employment and monthly thereafter.
 - Mendocino County Mental Health requires all providers to submit the OIG results monthly to County Mental Health Oversight and Monitoring Unit.
 - Verify that the potential employee is not on the Medi-Cal Suspended and Ineligible List prior to offering employment and monthly thereafter.

Licensed Professionals

- MC MHP Providers will verify with the appropriate state professional licensing agencies that the individual has a valid clinical license. This should be completed prior to the start of employment and yearly thereafter.

Interns

- Clinical Intern Classifications:
 - Marriage and Family Therapist Intern, Associate Clinical Social Worker or Professional Clinical Counselor Intern: registration with the Board of Behavioral Science will be verified on-line.

- Psychologist: candidate will be waived or a waiver application will be submitted to the Department of Health Care Services. A copy of the waiver will be obtained.
- MC MHP Providers will verify with the appropriate professional agency that the individual is registered or waived. This should be completed prior to the start of employment and yearly thereafter.

MC MHP Providers are required to track all licensed, waived, and registered staff renewal dates. Any problems should be immediately discussed with the County QA/QI Manager.

2. Position Classification specifications:

Clinician II – An individual with a Master’s, Ph.D. or Psy.D. degree from an accredited college or university in Social Work, Psychology or related field, possessing the required license and has two to three years of experience.

Licenses and Certifications Required: Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Psychologist or Licensed Professional Clinical Counselor.

Clinician I – Master’s degree from an accredited college or university in Social Work, Psychology or related field; is registered with the Board of Behavioral Sciences or waived by The Department of Health Care Services and, one to two years of experience.

Licenses and Certifications Required: Marriage and Family Therapist Intern, Associate Clinical Social Worker or Professional Clinical Counselor Intern who is currently registration with the Board of Behavioral Sciences; An individual with a Ph.D. or Psy.D. who has a waiver of psychologist licensure issued by the Department of Health Care Services.

Graduate Student /Trainee – An individual participating in a field intern placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA) / Masters of Science (MS) Counseling training.

Mental Health Rehab Specialist – An individual who has an AA and six (6) years experience in a related mental health field, or BA and four (4) years experience in a related mental health field, or MA and two (2) years experience in a related mental health field.

Care Manager III – An individual who has at least four (4) years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. Up to two (2) years of the four (4) years of experience can be substituted by years of education in a mental health related field. There is a minimum requirement of two (2) years of actual work experience.*

Care Manager II – An individual who has at least two (2) years but less than four years of FTE experience in a mental health related field providing direct mental health services.

Care Manager I – An individual who has less than two (2) years of FTE experience in mental health related field providing direct mental health services.

* The education requirement must be a minimum of two (2) years of education (60 semester or 90 quarter units) with a minimum of 12 semester (18 quarter) units in mental health related subject area such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.

A Credentialing and Verification form must be completed and submitted to Mendocino County Mental Health Oversight and Monitoring Unit before billing will be allowed.

Submit completed form to:

Mendocino County Mental Health Oversight and Monitoring Unit, Attn: Carolyn, Fax 707-472-2307.

The Care Management Services & Billing Grid

Mental Health Services	Professional Classifications						
	Clinician II	Clinician I	Grad. Student	MHRS	CM III	CM II	CM I
Collateral	OK	OK	OK	OK	OK	OK	Restricted
Assessment*:	OK	OK	Restricted	Restricted	NO	NO	NO
*History, Data, MSE	OK	OK	Restricted	Restricted	NO	NO	NO
*5 Axis Dx	OK	OK	Restricted	NO	NO	NO	NO
Therapy	OK	OK	OK	NO	NO	NO	NO
Rehabilitation	OK	OK	OK	OK	OK	OK	Restricted
Treatment Plan Development	OK	OK	Restricted	Restricted	NO	NO	NO
TBS Direct Services	OK	OK	OK	OK	OK	OK	Restricted
TBS Collateral	OK	OK	OK	OK	OK	OK	Restricted
TBS Plan Development	OK	OK	Restricted	Restricted	NO	NO	NO
Case Management	OK	OK	OK	OK	OK	OK	Restricted
Cancellation	OK	OK	OK	OK	OK	OK	OK
No Show	OK	OK	OK	OK	OK	OK	OK

Restricted = Requires co-signature of Clinician

ATTACHMENT:
Credentialing and Verification form



**HEALTH AND HUMAN SERVICES AGENCY
MENDOCINO COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES**

Credentialing and Verification

Legibly print or type responses. Your request will not be processed without an NPI number, supporting documentation and both staff and supervisor signatures.

No billing is allowed until verification and credentialing is finalized.

Submit completed form to:

Mental Health Oversight and Monitoring Unit Attn: Carolyn at Fax 707-472-2307

Check appropriate box below:

New Update Personal Info Update Program Info Update License/Certification

Personal Information:
 Last: _____ First: _____ MI: _____ Suffix: _____ (Sr, Jr)
 SSN: _____ / _____ / _____ DOB: _____ / _____ / _____ Gender: _____
 (Not Required)

Program:
 Program Name: _____
 Address: _____ City: _____ State: _____
 Agency Phone: _____

License / Certification Information:
 Degree: _____ License / Certification Type: _____ License #: _____
 State Issued: _____ Expiration Date: _____ DEA #: _____
 Medi-Cal PIN: _____ Medicare PTAN: _____ NPI #: _____

Signatures and Contact Information:
 Employee Signature: _____ Date: _____
 Employee Phone: _____ Employee e-mail: _____
 Supervisor Name: _____ Supervisor Signature: _____
 Supervisor Phone: _____ Supervisor e-mail: _____

Compliance Office Only:
 Credentialing requirements verified by: _____ Date: _____
 OIG Checked Medi-Cal Suspended and Ineligible List Checked

Attestation for Non-Licensed Staff

Staff Name: _____ Agency: _____

Agency Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Supervisor Name: _____ Title: _____

BILLING PRIVILEGES FOR:

Mental Health Graduate Student Trainee (individual participating in a field intern placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA)/Masters of Science (MS) Counseling training program)

I attest that _____ (student) is a Graduate Student Trainee from _____, an accredited higher education institution, who began interning at our agency on ____/____/____ (date). Internship will expire on ____/____/____.

Mental Health Rehabilitation Specialist (MHRS)

I attest that _____ (staff) meets the requirements for an MHRS because of the following:

- Master's Degree in a mental health related field and two (2) years experience in a mental health setting **OR**
- Bachelor's Degree in a mental health related field & four (4) years experience in a mental health setting **OR**
- Associate Arts Degree in a mental health related field and six (6) years experience in a mental health setting.

Mental Health Care Manager

I attest that _____ (staff) has graduated from High School or possesses a GED. This staff will be under my supervision and I will be responsible for oversight of their work at the agency.

- Care Manager III** - An individual who has at least four (4) years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. Up to two (2) years of the four (4) years of experience can be substituted by years of education * in a mental health related field or by completion of the County Core Skills training. There is a minimum requirement of two (2) years of actual work experience.
- Care Manager II** - An individual who has at least two (2) years but less than four (4) years of FTE experience in a mental health related field providing direct mental health services.
- Care Manager I** - An individual who has less than two (2) years of FTE experience in mental health related field providing direct mental health services.

Supervisor Signature: _____ **Title:** _____ **Date:** _____

Credentialing Application Instructions

Print legibly. Your request will not be processed without supporting documentation and both staff and supervisor signatures. Please submit your request two (2) weeks in advance.

NO BILLING IS ALLOWED until verification and credentialing is completed. NO
RETROACTIVE BILLING WILL BE ALLOWED.

Verification and Certification:

Per the Office of Inspector General (OIG), and the California Department of Health Care Services (DHCS), counties are mandated to verify and certify individuals and/or organizational providers including contractors in their system MUST be checked against the OIG Exclusion List, the Medi-Cal List of Suspended or Ineligible Providers List, Licensing Boards, Certification/Registration Lists, and the Excluded Parties List System prior to assigning staff ID # for documentation and billing, including MAA billing.

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New Staff:

1. Complete Credentialing and Verification
2. Check box labeled "new"
3. Personal Information Box: Please complete all information
4. License / Certification Information Box:
 - For non-licensed PhD/PsyD (Post Doctorates) working towards that licensure, you must be waived by the State.
 - For all other non-licensed staff, including PhD/PsyD that is not planning to obtain their professional license, you must also fill out the **Attestations for Non-Licensed Staff and MAA Billing form** (pg2). Supervisor's signature is mandatory.
 - Please make sure that the name you fill in matches your license, NPI#, Medi-cal PIN and/or Medicare PTAN#.
5. Signature and Contact Box: It is mandatory that the employee and the employee's supervisor sign this document.

Update(s):

1. Complete that Credentialing and Verification section
2. Check all boxes appropriate to the information that needs to be updated.
3. Personal Information Box: Please fill in all information including information that needs to be updated.
4. License/Certification Box: Please fill in all information including information that needs to be updated.
5. Signatures and contact information box: It is mandatory that the employee and supervisor sign this document.
6. Please fax this form directly to: Mental Health Oversight and Monitoring Unit, Attn: Carolyn at Fax 707-472-2307.

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Attestation for non-licensed staff and MAA billing

Complete all Personal Information and all other necessary information. Supervisor's signature is mandatory. This form must accompany page1 if the staff is non-licensed. Failure to do so may delay processing.

Please inform Mental Health Oversight and Monitoring Unit when staff separates from your agency through one of the following:

Fax: 707-472-2307

E-mail: peckhamc@co.mendocino.ca.us

Revised 12/2013