



**HUMBOLDT COUNTY DEPARTMENT OF  
HEALTH & HUMAN SERVICES - BEHAVIORAL HEALTH  
Policy & Procedure**

<b>Policy Number</b>	<b>0704.878</b>
<b>Policy Title</b>	<b>PROVIDER SELECTION, CERTIFICATION AND RE-CERTIFICATION</b>
<b>Program</b>	PERFORMANCE MANAGEMENT UNIT – QUALITY IMPROVEMENT
<b>Affects</b>	CONTRACTED PROVIDERS
<b>Effective date</b>	3/27/1998
<b>Revision dates</b>	6/2/14; 5/22/17, 7/15/19, 12/23/19, 6/13/25
<b>Review dates</b>	11/2/98;12/21/99; 1/3/01; 2/22/02; 9/20/04; 9/5/08; 12/11/10; 1/24/14;

**PURPOSE**

For providers to have a pathway that ensures only qualified providers serve Medi-Cal members.

**DEFINITION(S)**

Exclusion Lists - consist of the Office of the Inspector General’s (OIG) List of Excluded Individuals/Entities (LEIE), Medi-Cal Suspended and Ineligible Provider List (S&I List), and Excluded Parties List System/System Award Management (EPLS/SAM) database.

**POLICY**

Humboldt County Department of Health and Human Services - Behavioral Health (DHHS-BH) ensures the provision of medically necessary specialty mental health services to clients through a provider network. Network services are to be provided in coordination with any acute services, other County mental health services, and physical health care services the client may require. All specialty mental health services are to be provided in a manner that is cost-effective, while maintaining and improving clinical quality, geographic access, and cultural competency.

**PROCEDURE**

**1. SELECTION AND CERTIFICATION**

1.1. In-County Providers: Providers located in Humboldt may apply to enroll in the network by:

1.1.1. For Fee-For-Service Providers

1.1.1.1. Completing an application, participation/release statement and furnishing required professional references. Provider applications are subject to verification via:

1.1.1.1.1. National Practitioners Data Bank (NPDB) verification to check Provider license status and adverse reports, if any. The NPDB check is performed in house at DHHS-BH prior to hire, and continuously thereafter.

1.1.1.1.2. Social Security Administration Death Index to ensure Provider is not registered as a deceased individual. The Death Index check is performed in house at DHHS-BH once, prior to hire.

1.1.1.2. Office of Inspector General (OIG)’s List of Excluded Individuals/Entities (LEIE). The LEIE check is performed in house at DHHS-Behavioral Health prior to hire and on a monthly basis thereafter.

1.1.1.3. Medi-Cal Suspended and Ineligible Provider List (S&I List). The S&I check is performed in house at DHHS-Behavioral Health prior to hire and on a monthly basis thereafter.

1.1.1.4. Excluded Parties List System/System for Award Management (SAM). The SAM check is performed in house at DHHS-Behavioral Health prior to hire and on a monthly basis thereafter.

1.1.1.5. Providing a copy of their current professional license, Drug Enforcement Administration (DEA) certificate, and any Board certifications.

- 1.1.1.6. Submitting a copy of the Declaration Page of their Professional Liability Insurance of \$1 million per person and \$3 million in aggregate.
- 1.1.1.7. Signing and submitting a Professional/Service Agreement.
- 1.1.1.8. Submitting other documents such as General Liability Insurance, Automobile Insurance, and a copy of current Worker's Compensation, if applicable.

1.1.2. For Organizational Providers:

- 1.1.2.1. Organizational Providers' license to operate (if applicable) is required to be submitted to DHHS-BH in addition to above-listed documentation. Additional information such as Program Description, Target Population, Rates, etc. will also be requested.
- 1.1.2.2. A safety inspection site visit is performed by the Quality Improvement Coordinator (QIC)/designee from DHHS-BH to verify that Organizational Provider complies with medication laws and regulations of Title IX, California Code of Regulations, and health, safety, and environmental standards. Upon certification by QIC and the verification of the aforementioned criteria, the Provider will be issued a Statement of Provider Network Eligibility (Certification Letter) which is valid for a maximum of three years.

1.2. Out-of-County Providers

- 1.2.1. Fee-for-Service Providers located out of Humboldt County may be authorized to provide outpatient services upon furnishing documentation of their license, DEA certificate (if applicable), malpractice insurance coverage and that they have been credentialed and privileged by the local County Mental Health Plan or hospital where services were rendered. No authorization is required for inpatient psychiatric services provided that Providers submit documentation of their license, DEA certificate, malpractice insurance coverage and that they have been credentialed and privileged by their local County Mental Health Plan or hospital where services were rendered.

1.2.2. Organizational Providers located out of Humboldt may apply to enroll in the network by:

- 1.2.2.1. Providing a copy of the organizational provider's license to operate (if applicable).
- 1.2.2.2. Submitting a copy of the current professional license, DEA certificate, and any Board certifications of the Head of Service.
- 1.2.2.3. Submitting a copy of the Declaration Page of the Organizational Provider's Professional Liability Insurance of \$1 million per person and \$3 million in aggregate.
- 1.2.2.4. Signing and submitting a Professional Service Agreement.
- 1.2.2.5. Submitting other documents such as General Liability Insurance, Automobile Insurance, and Worker's Compensation, if applicable.
- 1.2.2.6. Proof that Organizational Provider has been credentialed and privileged by the local County Mental Health Plan
- 1.2.2.7. Other information such as Program Description, Target Population, and Rates.

- 1.3. DHHS-MH does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment, nor does it discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of their license or certification under applicable state law, solely on the basis of that license or certification.

- 1.4. If DHHS-MH decides to not contract with a provider or a group of providers, DHHS-MH will notify the provider(s) in writing explaining the reason for the decision not to contract.

2. RE-CERTIFICATION

- 2.1. Fee-For-Service Providers and In-County Organizational Providers' Head of Services are re-credentialed every three years through the National Practitioner Data Bank (NPDB) verification system. DHHS-BH will also conduct Organizational Provider site inspection and certification every three years.
- 2.2. Out-of-County Organizational Providers shall submit to DHHS-BH proof that Organizational Provider has been re-credentialed and privileged by the local County Mental Health Plan.

3. OTHER CERTIFICATION ITEMS

- 3.1. For all Provider certifications and re-certifications, the following applies:

- 3.1.1. Organizational Providers must complete and document continuous [National Practitioner Database \(NPDB\)](#) verification for each of their licensed, waived, or registered mental health providers of Medi-Cal services.
- 3.1.2. Organizational Providers must review the [Social Security Administration Death Index](#) once, prior to hire, for each of their licensed, waived, or registered mental health providers of Medi-Cal services.
- 3.1.3. Exclusion List review: DHHS-BH does not employ or contract with Providers who are excluded from participation in Federal health care programs under either Section 1128 or Section 1128A of the Social Security Act. DHHS-BH will verify Provider status monthly through the US Department of Health and Human Services Office of Inspector [General List of Excluded Individuals/Entities](#); the [Medi-Cal List of Suspended or Ineligible Providers](#); and the [Excluded Parties List System \(EPLS\)](#) that is now integrated in the [System Award Management \(SAM\)](#) database.

- 3.1.4. In addition, the [California Department of Consumer Affairs online license verification](#) tool will be checked monthly for those registered with the Board of Behavioral Sciences.
- 3.1.5. By the end of each month, Organizational Providers will submit the Organizational Provider Employee Screening form (form number QI-67) to DHHS-BH Quality Improvement unit showing that none of their employees was listed on the exclusion lists mentioned above during that month.
- 3.1.6. Should an Organizational Provider determine that an employee is on one of the exclusion lists, Provider will immediately notify DHHS-BH Quality Improvement unit. Sanctions will be determined by the Organizational Provider's proper authority, and may include termination of employment of the employee, per Organizational Provider Services Agreement Section 4.6 Provider Compliance Clauses - Federal Health Care Program Exclusion.
- 3.1.7. DHHS-BH does not discriminate against Providers that serve high-risk populations or specialize in conditions that require costly treatment.
- 3.1.8. DHHS-BH shall comply with any additional requirements established by the Department of Health Care Services. Providers are expected to comply with certification, safety, and medication regulations of Title 9, California Code of Regulations.

---

## **FORM(s)/ATTACHMENTS**

[QI-67 – Organizational Provider Employee Screening](#)  
[QI-74 – Contract Provider Staff Worksheet](#)

---

## **REFERENCE**

[DHCS IN 18-019](#)  
[DHCS Triennial Review Protocol section A, Subsection VI](#)  
[CFR, title 42, sections 1128 and 1128A, Social Security Act](#)  
[CFR, title 42, sections 438.214\(d\) and 438.610](#)  
[DMH Letter No. 10-05](#)  
[MHP Contract, Exhibit A, Attachment 13, Program Integrity Requirements](#)  
[CMS/DHCS, section 1915\(b\) waiver](#)  
[CCR, title 9, section 1810.435](#)  
[Organizational Provider Manual rev July 2015; Section 4, Provider Responsibilities](#)  
[CFR, title 42, sections 438.12 and 438.14](#)

---