I. STAFF QUALIFICATIONS & REQUIREMENTS

Each provider is responsible for ensuring that all staff meets the requirements of Federal, State, and County regulations regarding licensure, training, clinician/member ratios and staff qualifications for providing direct member care and billing for treatment services. Documentation of staff qualifications shall be kept on file at the program site. Provider shall adhere to staff qualification standards and must obtain approval from their Program Monitor or designee for any exceptions.

Provider shall comply with the licensing requirements of the California Welfare and Institutions Code Section 5751.2. Provider shall have on file a copy of all staff licenses and relevant certificates of registration with the Board of Behavioral Sciences. For staff positions requiring licensure, all licenses and registrations must be kept current and be in active status in good standing with the Board of Behavioral Sciences.

Credentialing, Recredentialing, and Provider Enrollment
The San Diego County Behavioral Health Plan's (BHP) credentialing, recredentialing, and provider enrollment requirements are designed to comply with applicable national accrediting organization standards and local, state, and federal requirements. The requirement for credentialing is established in the California Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 18-019 (Final Rule: Credentialing), pursuant to 42 CFR §438.214. Credentialing is a component of the BHP's quality improvement system and is a required condition for participation in the County's provider network and reimbursement for covered services.

Credentialing verifies that providers meet the qualifications required to participate in the County's provider network. Recredentialing is the periodic review conducted at least every three (3) years to confirm providers continue to meet those requirements. Provider Enrollment (PAVE) is a separate DHCS process used to screen and enroll applicable providers in Medi-Cal. Although these processes are related, each serves a different purpose, and completion of one does not satisfy the others. Depending on the Legal Entity, credentialing, recredentialing, and applicable provider enrollment activities are completed either through Optum's centralized process or by an approved Credentialing Delegate. Providers delivering direct billable Medi-Cal services who are licensed, registered, certified, or waivered, as applicable, must be credentialed before providing covered services and recredentialed at least every 3 years in accordance with BHIN 18-019.

As the BHP, the County is responsible for verifying that network providers meet all applicable credentialing requirements and for maintaining documentation demonstrating ongoing compliance. The County also submits monthly attestations to DHCS that billed services met medical necessity requirements and that providers were eligible at the time services were rendered. Legal Entities remain responsible for ensuring the timely completion of credentialing activities for all applicable staff. Credentialing activities should be initiated as part of the onboarding process. Credentialing is not a new requirement. The following sections describe provider responsibilities related to credentialing, recredentialing, provider enrollment, and delegation.

Credentialing via Optum
The following process applies to Legal Entities that utilize Optum's centralized credentialing program. Legal Entities designated as Credentialing Delegates should refer to the Credentialing Delegates and Delegation Oversight section below.
Provider Responsibilities

Legal Entities utilizing Optum's centralized credentialing program remain responsible for ensuring the successful completion of credentialing activities for applicable staff.

To support timely onboarding and SmartCare access, Legal Entities should:

- Notify their assigned Optum Credentialing Representative within two (2) business days of a candidate's acceptance of an employment offer.
- Submit all required credentialing applications, attestations, and supporting documentation in a timely manner.
- Ensure credentialing is completed before applicable providers begin delivering covered services.
- Notify their assigned Optum Credentialing Representative of changes that may affect a provider's credentialing record, including new hires, terminations, changes in licensure, registration, certification, practice location, or other information affecting credentialing eligibility.

Because credentialing materials may change over time, Legal Entities should refer to the Optum **Organizational Providers Credentialing** webpage and the Credentialing Frequently Asked Questions (FAQ) for the most current instructions, forms, required documentation, and contact information.

Credentialing Review

As part of the credentialing process, Optum reviews provider qualifications and verifies information through primary sources, as applicable, to determine eligibility for participation in the BHP provider network. This review includes provider attestations, primary source verification, and other information required under applicable federal, state, and BHP requirements. Additional information or documentation may be requested as needed.

Residential Program Credentialing Requirements

Residential Programs and Residential Sites are evaluated during both credentialing and recredentialing. Programs accredited by an Optum-recognized accrediting organization shall have their accreditation status verified. Programs without accreditation shall provide documentation from the most recent applicable review conducted by DHCS, DHS, CMS, or another applicable regulatory agency.

Questions regarding Optum credentialing may be directed to the assigned Optum Credentialing Representative or BHSCredentialing@optum.com.

Recredentialing via Optum

The following process applies to Legal Entities utilizing Optum's centralized credentialing program. Individual practitioners and Residential Program Sites shall be recredentialed at least every three (3) years. Optum will initiate the recredentialing process approximately six (6) months before expiration of the current credentialing period.

Provider Responsibilities

Legal Entities shall:

- Ensure providers submit all required recredentialing applications and supporting documentation within requested timeframes.
- Respond promptly to requests for updated credentialing information.
- Maintain accurate credentialing information throughout the credentialing cycle.

Failure to Complete Recredentialing

Failure to submit a complete and signed recredentialing application and all required supporting documentation within the requested timeframe may result in expiration or termination of credentialing status. Providers whose credentialing expires may be required to complete the initial credentialing process before participation in the BHP provider network can resume.

Questions regarding Optum recredentialing may be directed to the assigned Optum Credentialing Representative or BHSCredentialing@optum.com.

Provider Enrollment (PAVE) via Optum

The following process applies to Legal Entities utilizing Optum's centralized provider enrollment process for applicable providers. Provider Enrollment and Credentialing are separate requirements. Completion of one requirement does not satisfy the other. Applicable providers may be required to complete both processes.

Provider Responsibilities

Legal Entities and providers shall:

- Complete all required Provider Enrollment (PAVE) activities for applicable providers.
- Respond promptly to requests from DHCS or Optum related to provider enrollment.
- Complete required PAVE activities within requested timeframes to avoid delays.

For applicable providers, Optum coordinates provider enrollment activities through the DHCS Provider Application and Validation for Enrollment (PAVE) portal in accordance with DHCS BHIN 20-071.

Questions regarding Provider Enrollment (PAVE) may be directed to the assigned Optum Enrollment Coordinator.

Credentialing Delegates and Delegation Oversight

Certain Legal Entities have been approved by the BHP to perform credentialing, recredentialing, and applicable Provider Enrollment (PAVE) activities on behalf of the BHP for their own providers, rather than utilizing Optum's centralized credentialing process. These organizations are referred to as Credentialing Delegates.

The following organizations currently serve as Credentialing Delegates:

- Family Health Centers of San Diego
- Fred Finch Youth Center
- HealthRIGHT 360
- Mission Treatment Services / San Diego Health Alliance / San Diego Treatment Services
- San Diego Center for Children
- San Diego Youth Services
- Telecare

Credentialing Delegates are responsible for performing delegated credentialing, recredentialing, and applicable provider enrollment activities in accordance with applicable federal and state requirements, BHP policies and procedures, NCQA standards, and the terms of the delegation agreement. On behalf of the BHP, Optum conducts annual Delegation Oversight Audits to evaluate each Credentialing Delegate's

compliance with delegated responsibilities. Delegates must achieve a minimum audit score of eighty-five percent (85%) to maintain delegated status. Delegates receiving a score below 85% will be required to complete a Corrective Action Plan (CAP). Optum may also conduct additional oversight, monitoring, or compliance activities related to delegated credentialing, recredentialing, and provider enrollment responsibilities, as appropriate, on behalf of the BHP.

Questions regarding delegated credentialing responsibilities or delegation oversight may be directed to the assigned Optum Credentialing Representative.

SUD Staffing Descriptions and Requirements
Various members of the treatment team can function as the case manager, including registered/certified SUD counselors and LPHAs.

Medical Director
The typical pre-DMC-ODS role of the medical director was a focus on signing treatment plans. Under the DMC-ODS, the focus is broader, and physicians should be engaged and integrated as a significant role into the SUD system. Medical Directors at SUD provider agencies should ideally perform functions that others within the agency are unable to optimally perform. Some possible ways to maximize the benefit and role of the Medical Director within the program include:

- Provision of Medication Assisted Treatment (MAT) when clinically necessary
- Provision of Withdrawal Management (WM), if within program scope, when clinically necessary
- Provision of clinical supervision for staff
- Assist other professional staff with challenging cases
- Refer/treat co-occurring physical and mental health conditions
- Conduct clinical trainings on issues relevant to staff (e.g., ASAM Criteria, DSM-5, MAT, co-occurring conditions)

Note: Provision of MAT, WM or treatment of physical health conditions in a residential setting requires an Incidental Medical Services (IMS) license through DHCS with the exception of WM 3.2 (which does not require IMS). The substance use disorder medical director's responsibilities shall at a minimum include all of the following:

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
- Ensure that physicians do not delegate their duties to non-physician personnel.
- Develop and implement medical policies and standards for the provider.
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
- Ensure that provider's physicians and LPHA’s are adequately trained to perform diagnosis of substance use disorders for members, determine the medical necessity of treatment for members and perform other physician duties, as outlined in this section.
- Review members’ health/medical information and drug history and document their review along with any orders and/or recommendations.

The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed. Consistent with these responsibilities, programs must have written roles and responsibilities and a code of conduct for the medical director that is clearly documented, signed and dated by a provider representative and the physician. A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

Programs shall only select Medical Directors who meet the following criteria and provide evidence to assigned COR's:

- Enrolled with DHCS under applicable state regulations.
- Screened as a "limited" categorical risk within a year prior to serving as a Medical Director.
- Signed a Medicaid provider agreement with DHCS.

Each program's assigned COR will be responsible for evaluating a medical director's credentials to determine the salary cap.

Program Manager

Program Managers (PM) shall:

- be available during regular business hours and respond to emails, telephone calls, and other correspondence from the COR or designee within two (2) business days.
- notify the COR or designee if PM is to be absent from the program for more than two (2) business days and provide an alternate contact for program coverage
- not split between multiple persons and shall be one designated person working full time at a program.
- Have at least one year of experience working in a SUD treatment program and shall be a Certified SUD Counselor or Licensed Practitioner of the Healing Arts (LPHA) or Licensed Eligible Practitioner.
- have relevant experience needed to serve in this role, including experience supervising personnel. At least 50% of their time shall be spent on management and administration (non-clinical) duties for the program.

Volunteer Staff

If a program utilizes the services of volunteers, it shall develop and implement written policies and procedures, which shall be available for, and reviewed with all volunteers. The policies and procedures shall address all the following:

1. Recruitment
2. Screening
3. Selection
4. Training and orientation
5. Duties and assignments
6. Supervision
7. Protection of member confidentiality; and
8. Code of conduct.

Professional Staff

Professional staff shall be licensed, registered, certified, or recognized under California scope of practice. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologists, Licensed Clinical Social Workers, Licensed Professional Clinical Counselor, Licensed Marriage and Family Therapists, and License Eligible Practitioners working under the supervision of Licensed Clinicians.

State Plan Amendment (SPA) 23-0026 added the rendering provider types listed below to the Short-Doyle claiming system, effective July 1, 2023.Non- LPHA identified provider types newly eligible to claim in the DMC and DMC-ODS delivery systems are: Medical Assistant; Occupational Therapist; Licensed Vocational Nurse; Licensed Psychiatric Technician; Nurse Practitioner Clinical Trainee; Psychologist Clinical Trainee; Clinical Social Worker (LCSW); Clinical Trainee; Marriage and Family Therapist (MFT) Clinical Trainee; Professional Clinical Counselor (LPCC) Clinical Trainee; Psychiatric Technician Clinical Trainee; Registered Nurse Clinical Trainee; Vocational Nurse Clinical Trainee; Occupational Therapist Clinical Trainee; Pharmacist Clinical Trainee; Physician Assistant Clinical Trainee; Medical Student in Clerkship (Physician Clinical Trainee). Ref: FAQ

Licensed Practitioner of the Healing Arts (LPHA) - Including Licensed Eligible

A California-licensed or license-eligible (post master's degree interns registered with the appropriate State Board of licensing who are receiving clinical supervision) LPHA shall be available to provide clinical consultation as necessary, and to conduct assessments for those members who have a co-occurring mental health diagnosis. The LPHA shall also conduct clinical supervision for staff delivering program services. A plan for provision of services to members with a co-occurring disorder must be approved by the COR within 60 days of Agreement execution. If providers do not have such consultation available, a documented plan shall be approved by the COR to ensure adequate assessment and referral of co-occurring diagnosed individuals and clinical supervision for program staff.

LPHA or licensed eligible staff shall meet all California Board of Behavioral Sciences or Board of Psychology licensure requirements, as well as having documented experience working with substance abuse services for a minimum of one year. For license verification, click here. The license shall be in good standing and clear of licensing authority disciplinary actions for a minimum of three years at the date of hire and continuously while employed by Providers as an employee or consultant.

- Post Master's degree interns registered with the appropriate State Board of licensing who are receiving clinical supervision may be used to provide direct services in the program. *Note: This does not apply to Registered Psychological Associates*

- SB 1024 sponsored by the Board of Behavioral Sciences, mandates the following for all licensees and registrants:
    - Licenses and registrants must display their license or registration in a conspicuous location at their primary place of practice when rendering professional clinical services in person.
    - SB 1024 defines who qualifies as a supervisee in group supervision and caps the number of supervisees at eight (8) individuals in group supervision

- SB 1024 specifies who is included in the limit of six (s) supervisees receiving individual or triadic supervision per supervisor in non-exempt settings
- Program and clinical supervisors are advised to review the BBS SB 1024 FAQ document available on the BBS Website
- Clarification on Number of Supervisees per Supervisor Effective January 1, 2025

SUD Counselors and Counselor Certification

SUD programs must demonstrate that their registered SUD counselors do not exceed the five (5) year registration limit (from the date of initial registration). SUD programs failing to ensure compliance with these requirements will be cited appropriately.

Counselor certification is based upon the Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice (TAP 21) published by the Center for Substance Abuse Treatment. Staff who provide counseling services such as intake, assessment of need for services, treatment planning, recovery planning, individual or group counseling to participants, patients, or residents in any substance use disorder (SUD) program licensed or certified by DHCS are required by the State of California to be certified. To obtain certification, counselors must register with one (1) of the approved certifying organizations. From the date of registry, counselors have five (5) years to become certified with any certifying organization (CCR, Section 13035(f)(1)). If a counselor fails to become certified after being registered for five (5) years, the counselor will not be permitted to provide counseling services to members. The provision which allowed an individual six months from the date of hire to become registered has been repealed. Per DHCS MHSUDS Information Notice 18-035:

> *Health and Safety Code 11833 repeals California Code of Regulations (CCR) Title 9, Section 13035(f), which allowed an individual to provide counseling services, within six months of the date of hire, prior to registering with a certifying organization. In accordance with HSC Section 11833(b)(1), any individual who provides counseling services in a licensed or certified AOD program, except for licensed professionals, must be registered or certified with a DHCS approved certifying organization.*

AOD Counselor Educational Requirements

Effective January 1, 2026, Assembly Bill (AB) 2473 amended Health and Safety Code section 11833 to establish expanded core competency education requirements for all Substance Use Disorder (SUD) registered counselors. Registered counselors must complete education requirements outlined in Behavioral Health Information Notice (BHIN) 25-029 in order to renew their registration credential.

- All registered counselors shall complete a minimum of eighty (80) hours of education that meet the core competency education topics required under BHIN 25-029 within the timelines defined by DHCS based on registration date.
- Counselors who fail to complete required education within required timelines shall be unable to renew their registration and shall not provide counseling services.
- Counselors registering for the first time on or after July 1, 2025 shall complete 80 hours of core competency education within six (6) months of initial registration.
- Counselors registering on or after January 1, 2026 must complete required core competency education before their registration renewal deadline, and may complete any remaining education deficiencies prior to the one-year registration expiration.

- Registered counselors with fewer than 315 accumulated AOD educational hours shall comply with additional requirements defined by DHCS and the counselor's respective certifying organization.
- Programs shall ensure staff have access to BHIN 25-029 and the AB 2473 SUD Counselor Education Requirements Frequently Asked Questions (FAQ) issued by DHCS

- See Timeline Tables for further information

DHCS / UC San Diego ASCEND Program

- On January 12, 2026, the Department of Health Care Services (DHCS), in partnership with UC San Diego Division of Extended Studies, launched the Advancing SUD Counselor Education and Development (ASCEND) Program. ASCEND is a free, self-paced, asynchronous 80-hour online training program that fulfills all twelve (12) core competency educational topics required under BHIN 25-029. Courses are approved by CADTP and CCAPP. Programs should inform registered counselors of the availability of the ASCEND Program as a DHCS-approved option for satisfying AB 2473 educational requirements.

Program Responsibilities Related to AB 2473 Requirements

- As a SUD licensed and/or certified program, it is best practice to ensure all registered counselors employed by the program have completed AB 2473-required education to ensure successful renewal of their registration credential and continued eligibility to provide counseling services.
- Programs shall support staff in meeting all AB 2473 education requirements, including notifying staff of education timelines, providing appropriate resources, and ensuring completion is documented.
- Counselors shall be directed to their certifying organization for confirmation that selected coursework meets AB 2473 and BHIN 25-029 requirements.
- Documentation verifying completion of AB 2473 educational requirements shall be kept in each counselor's personnel file.

Approved Certifying Organizations

Per DHCS, as of March 11, 2019, there are three (3) Certifying Organizations (CO) approved by the California Department of Health Care Services (DHCS) to register and certify individuals to provide substance use disorder (SUD) counseling. Any SUD counselor registered or certified with a CO no longer approved by DHCS will need to re-register with one of approved CO's to continue providing counseling services.

- California Association of DUI treatment Programs (CADTP)
- California Consortium of Addiction Programs and Professions (CCAPP)
- California Association for Drug/Alcohol Educators (CAADE)

Each certifying organization maintains its own approval process for evaluating education coursework to determine whether it satisfies AB 2473 core competency requirements. Registered counselors shall consult their certifying organization to ensure coursework meets AB 2473 standards.
See Appendix M.1 – SUD Credentials for a list of current SUD credentials for each credentialing body and how to verify the counselor credentials.

Additional Requirements for LPHA's and Counselors

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, case management, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, Division 4, Chapter 8. Regulations require licensed and certified Substance Use Disorder (SUD) programs to ensure that their counseling staff are appropriately registered and/or certified at all times by an approved certifying organization, or appropriately professionally licensed. In addition, SUD programs must continue to meet the regulatory requirement that 30% of the staff providing SUD counseling are certified or professionally licensed or license eligible, per Section 13010 - Requirement for Certification, Cal. Code Regs. tit. 9 § 13010. Registered counselors must meet all AB 2473 core competency educational requirements as part of maintaining eligibility to provide counseling services. Programs must ensure that no registered counselor who has not met these requirements and who is unable to renew their registration continues to provide counseling services.

Peer Support Specialists

A Peer Support Specialist is an individual in recovery with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification. See BHIN 25-010 for more information.

Peer Support Specialists must provide services under the direction of a Behavioral Health Professional. "Under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval and signing of member plans. An individual directing a service is not required to be physically present at the service site to exercise direction. The licensed professional directing a service assumes ultimate responsibility for the service provided. Services are provided under the direction of a physician; a licensed psychologist; a licensed, or registered social worker; a licensed, or registered marriage and family therapist; a licensed, or registered professional clinical counselor, or a registered nurse (including a certified nurse specialist, or a nurse practitioner).

- Behavioral Health Professionals must be licensed or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of DMC-ODS or Specialty Mental Health Services.
- Peer Support Specialist may be supervised by a Medi-Cal Peer Support Specialist Supervisor who meets applicable State of California requirements; however, the services shall be under the direction of a Behavioral Health Professional. See BHIN-25-010 for more information.

Peer Support Specialists are required to adhere to the practice guidelines developed by the Substance Abuse and Mental Health Services Administration, What are Peer Recovery Support Services (Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services), which may be accessed electronically through the following Internet World Wide Web connection: www.samhsa.gov/resource/ebp/what-are-peer-recovery-support-services.

Enhanced Community Health Workers (ECHW)

Community based workers provide services aimed at preventing disease, disability, and other health conditions and promoting physical/mental health and well-being via connection to health and wellness resources and address barriers to meeting health or health-related social needs. The role of the ECHW, is

to identify member's needs and connect them back to member's behavioral health and or substance abuse issues.

Duration: Limited, short-term. Limits to maximum units of service per day per member/per year; additional units require additional authorization.

ECHW Training and Certification: *Statewide Certification Pending*: DHCS does not currently require a standardized statewide certification for this role. Certification must be obtained through various providers, supervising providers are responsible for determining if certificate of completion fulfills Medi-Cal CHW requirements. *Please note, some managed care plans or employers may have their own training requirements.*

Staffing Ratios

The following guidelines for staffing ratios reflect County standards for best practice. Prior discussion with COR is needed if higher caseload ratios are proposed for LPHA, Case Manager, or SUD Counselor based on program design.

Staff Position	Residential Caseload Ratio (Staff to Member)		Outpatient Caseload Ratio (Staff to Member)		Residential Withdrawal Management Caseload Ratio (Staff to Member)	
Title	**Programs Serving Children, Youth & Families**	**Programs Serving Adults & Older Adults**	**Programs Serving Children, Youth & Families**	**Programs Serving Adults & Older Adults**	**Programs Serving Children, Youth & Families**	**Programs Serving Adults & Older Adults**
LPHA	**1:25**	**1:25**	**1:25**	**1:50**	**1:25**	**1:25**
Case Manager	**1:25**	**1:25**	**1:25**	**1:50**	**1:25**	**1:25**
SUD Counselor	**1:25**	**1:25**	**1:25**	**1:25**	**1:25**	**1:25**

*In addition to above position titles, it is required for all programs to have a Medical Director. Contact your program COR with questions regarding withdrawal management nursing requirements and overnight staff questions.

Adult & Older Adults and Children, Youth & Families System of Care Staffing Requirements

The Department of Health Care Services (DHCS) ensures the provision of quality treatment through the enforcement of standards for professional and safe treatment. DHCS does not certify counselors; however, DHCS does ensure counselors provide quality treatment to members by enforcing the Counselor Certification Regulations found in the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8.

Providers shall:

- Administer, staff, and provide management systems and procedures for programs.
- Recruit, hire, train and maintain staff qualified to provide required services.

- Ensure all staff has appropriate experience and necessary training upon hire.
- Ensure members currently in treatment are not to be used in staff positions*.
- Verify identify and determine the exclusion status of all staff prior to hire (see Federal and State Database Checks below).
- Ensure all personnel are competent, trained and qualified to provide any services necessary.
- Ensure non-professional receive appropriate onsite orientation and training prior to performing assigned duties.
- Ensure professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring.
- Ensure documentation of trainings, certifications and licensure shall be contained in personnel files.
- Ensure professional and/or administrative staff supervise non-professional staff.
- Maintain records of current certification and NPI registration. Registered and certified SUD counselors shall adhere to all requirements in Title 9, Chapter 8.

* Providers shall have trained provider staff available to answer phone calls during hours of operation. Program shall ensure participants in DMC-ODS programs shall not answer phones on behalf of program staff. Providers shall ensure \member confidentiality is maintained at all times.

Federal and State Database Checks

Prior to employment, programs are required to check the following databases to verify the identity and determine the exclusion status of all providers:

- Social Security Administration's Death Master File
- National Plan and Provider Enumeration System (NPPES)
- List of Excluded Individuals/Entities (LEIE)
- System for Award Management (SAM)

Certification on Disbarment or Exclusion

All claims for reimbursement submitted must contain a certification about staff freedom from federal disbarment of exclusion from services. In order to be in compliance with these federal regulations, all organizational providers must verify monthly the status of employees with the federal System for Award Management (SAM), the Office of the Inspector General (OIG), Government Services Agency (GSA) and the Suspended and Ineligible Provider (S&I) List.

Provider shall be responsible for checking, on a quarterly basis, the office of the Inspector General (OIG) website that none of the Providers officers, board members, employees, and agents providing services are on the OIG or Medi-Cal list of excluded individuals to provide direct services to County members. Providers shall notify, in writing within thirty (30) days if any personnel are found listed on this site and the actions taken to remedy the situation.

Verification

- Federal System for Award Management (SAM) list
- Reasons for placement on OIG

- Medi-Cal Provider Suspension
    - Reasons include:
        - Convicted of felony
        - Convicted of misdemeanor involving fraud, abuse of the Medi-Cal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service.
        - Suspended from the federal Medicare or Medicaid programs for any reasons
        - Lost or surrendered a license, certificate, or approval to provide health care
        - Breached a contractual agreement with the Department of Health Care Services that explicitly specifies inclusion on this list as a consequence of the breach.

Best Practice

- Providers must retain the records verifying that these required monthly checks have been performed and the names of the employees checked.
- Any employees who appear on the OIG, GSA or Suspended and Ineligible Medi-Cal lists are prohibited from working in any County funded program.
- Providers are encouraged to consult with their compliance office or legal counsel should any of their employees appear on either of the exclusion lists.

Notification in Writing of Status Changes

Providers are required to notify BHS Contract Support, (BHSCS) COR and QA in writing if any of the following changes occurs:

- Any change with DMC Certification, such as surrendering certification or closing program, any event triggering a DMC recertification, such as change in ownership, change in scope of services, or change in location.
- Change in office address, phone number or fax;
- Addition or deletion of a program site;
- Change of tax ID number or check payable name (only to BHSCS);
- Additions or deletions from your roster of Medi-Cal billing personnel (BHSCS& MIS); or
- Proposed change in Program Manager or Head of Service.

Notification of Key Personnel Changes

Programs shall notify the COR within seventy-two (72) hours when there is a change in key personnel funded by the resulting contract.

On-Site Manager/Director

Programs shall provide a full-time on-site Program Manager or Director for each program, unless prior approval received by COR. If the program manager is also serving as the program coordinator, time may be divided between administration and direct services.

Review and Comment on the Qualifications of On-Site Managers, Directors, and Higher-Level Staff

The COR shall review and comment on the final candidates under consideration for hire at the Program Manager, Director, or higher level prior to selection. Should the COR choose to provide written comments, the comments shall be provided within five (5) days of receipt of candidates' resumes and supporting

documentation.

License Verifications

All SUD providers are required to verify the license status of all employees who are required by the contract Statement of Work to have and maintain professional licenses. The verification must be submitted at the time of contract execution, renewal or extension. This is in accordance with the Service Template requirements. In order to ensure the license is valid and current, the appropriate website(s) shall be checked. All providers are responsible for ensuring that all staff licenses are active and valid. Providers shall keep documentation that evidences active licensure for staff.

Personnel Files

Personnel files shall be maintained on all employees, volunteers, and interns. These records will contain: application for employment and/or resume, signed employment confirmation statement, signed annual confidentiality statements, job description (which shall include position title and classification; duties and responsibilities; lines of supervision; and education, training, work experience and other qualifications for the position), performance evaluations, health records/status as required by program or Title 9 (i.e. health screening report or health questionnaire, including annual TB results), other personnel actions (e.g. commendations, discipline, status change, employment incidents and/or injuries), training documentation relative to substance use disorders and treatment, current registration, certification, intern status or licensure; proof of continuing education required by licensing or certifying agency and program, and program code of conduct. (Note: While DHCS will not look for the certifying organization copy of their Code of Conduct during personnel file reviews, registered/certified SUD counselors are still required to have a Code of Conduct with their specific certifying organization as per those organization requirements).

The program's written code of conduct for employees and volunteers/interns shall be established which addresses at least the following: use of drugs and/or alcohol; prohibition of social/business relationship with members or their family members for personal gain; prohibition of sexual contact with the members; conflict of interest; providing services beyond scope of practice; discrimination against members or staff; verbally, physically, or sexually harassing, threatening, or abusing members, family or other staff; protecting member confidentiality; the elements found in the code(s) of conduct for the certifying organization(s) the program's counselors are certified under; and, cooperation with grievance investigations.

MD's and LPHA's will receive a minimum of five (5) hours of continuing education related to addiction medicine each year. Such documentation shall be maintained in the file and the last day of the first full month of employment and shall be available for County monitoring purposes. For more information about required training for medical directors, see DMC-ODS Medical Director Training Requirements posted on the Optum site.

Personnel files for registered counselors shall include documentation verifying completion of AB 2473 education requirements, including proof of completion of eighty (80) hours of approved core competency education. Files shall include confirmation that coursework met the standards of the counselor's certifying organization, documentation of ASCEND completion or other approved training, and verification that all educational requirements were completed before registration renewal.

Discrimination

Providers shall not unlawfully discriminate against any person as defined under the laws of the United States and the State of California. Programs may not discriminate between employees with spouses and employees with domestic partners or discriminates between employees with spouses or domestic partners of a different sex and employees with spouses or domestic partners of the same sex or discriminates between same-sex and different-sex domestic partners of employees or between same-sex and different-sex spouses of employees. (Public Contract Code section 10295.3)

Programs may not discriminate between employees on the basis of an employee's or dependent's actual or perceived gender identity, including, but not limited to, the employee's or dependent's identification as transgender. (Public Contract Code section 10295.35)

Criminal Background Check Requirement

Providers shall ensure that criminal background checks are required and completed prior to employment or placement of program staff and volunteers in compliance with any licensing, certification, or funding requirements, which may be higher than the minimum standard described herein. At a minimum, background checks shall be in compliance with Board of Supervisors policy C-28 and are required for any program staff or volunteer assigned to sensitive positions funded by this contract. Sensitive positions are those that: (1) physically supervise minors or vulnerable adults; (2) have unsupervised physical contact with minors or vulnerable adults; and/or (3) have a fiduciary responsibility to any County member, or direct access to, or control over, bank accounts or accounts with financial institutions of any member.

Providers shall have a documented process to review criminal history of candidates for employment or volunteers that will be in sensitive positions. At a minimum, providers shall check the California criminal history records, or state of residence for out of state candidates. Programs shall review the information and determine if criminal history demonstrates behavior that could create an increased risk of harm to members. Programs shall document review of criminal background findings and consideration of criminal history in the selection of a candidate. For example, document consideration of such factors as: if there is a conviction in the criminal history, how long ago did it occur, what were the changes, what was the level of conviction, and if selected, where would the individual work and is the conviction relevant to the position. Programs shall either utilize a subsequent arrest notification service during the staff or volunteer's employment or check California criminal history annually. Programs shall keep the documentation of their review and consideration of the individual's criminal history on file. As of 7/1/22, the COSD BHS Standard for staff free of probation/parole history for a minimum of one (1) year prior to employment has been updated. Staff can now begin the credentialing process and Optum will alert COR teams for awareness if any staff are identified with active parole, probation or previous criminal history within less than one year prior to starting employment.

Providers will ensure that all staff members working with members are fingerprinted (LiveScan) and pass Department of Justice and Federal Bureau of Investigations background checks.

Provider Directory

The County of San Diego Behavioral Health Plan (BHP) maintains a public Provider Directory to help clients including Medi-Cal Members locate and access covered behavioral health s The County of San Diego Behavioral Health Plan (BHP) maintains a public Provider Directory to help clients including Medi-Cal Members locate and access covered behavioral health services. The Provider Directory is maintained in accordance with applicable federal and State requirements, including but not limited to BHIN 25-026.

Link to the searchable BHP Provider Directory: https://sdcountybhs.com/ProviderDirectory.

Provider Responsibilities

Providers are responsible for ensuring that Provider Directory information remains complete, accurate, and current. SmartCare, the BHP's EHR, serves as the source of truth for Provider Directory information. The SOC Application is integrated with SmartCare and provides providers with the ability to review and attest to Provider Directory information that is publicly displayed.

Providers are expected to:

- Review and attest to Provider Directory information through the SOC Application in accordance with County-established timeframes.
- Promptly notify the County of changes affecting Provider Directory information and complete any required updates or attestations.
- Contact the Optum Help Desk at sdhelpdesk@optum.com or call 1-800-834-3792 to request corrections to staff-level information maintained in SmartCare. Requests will be reviewed, and any necessary updates will be made in the Provider Directory within 30 days of receiving requests.
- Contact the assigned Contracting Officer's Representative (COR) to request corrections to program-level information.
- Respond to County requests to verify Provider Directory information within established timeframes.

The Provider Directory is maintained in accordance with applicable federal and State requirements, including but not limited to BHIN 25-026. Link to the searchable BHP Provider Directory: https://sdcountybhs.com/ProviderDirectory.

Residential Staffing Requirements

Residential Programs and Overnight Staffing

Residential programs shall ensure adequate staffing to meet the needs of the program are onsite and on-duty 24 hours a day, 7 days a week, including but not limited to:

- Staff shall be a SUD Counselor (Certified or Registered) or LPHA
- At all times, at least 1 staff on site is CPR-certified, and First Aid trained
- Overnight staff cannot be a volunteer nor an active member of the program
- Awake overnight staff are required to conduct regular walk-throughs of the facility, to include bed checks of members within their first 2 weeks of treatment and/or deemed at risk for overdose. All walkthroughs shall be documented.
- Overnight coverage staffing schedule shall be posted.
- Programs that are monitored by other agencies, such as Community Care Licensing, shall ensure that staffing rations meet the requirements of those certifying bodies.

Minimum Qualifications

- CPR/First Aid/Safety training and certification obtained within 90 days of hire and maintained;
- Eighteen (18) years or older;
- Trained on SUD confidentiality, ethics, and cultural competence/sensitivity; and,
- Trained and able to respond to emergency situations.

Note: 24/7 residential service hours are to include intake and admissions.

It is recommended that residential programs designated as ASAM Level 3.2 obtain the Incidental Medical Services (IMS) license through DHCS. A minimum of LVN level staff is recommended 24/7 in these programs and must follow the policies and procedures as established by the program's medical director. Providers are expected to implement policies and procedures that have been developed with the Medical Director, that includes at a minimum, working collaboratively with emergency departments and primary care physicians that the member is safe to return to the WM program when in-house 24/7 nursing staff is not used.

Residential Staff Living Onsite
Residential facilities licensed or certified by DHCS are for member treatment purposes. Any part of certified or licensed facilities and beds designated for treatment may not be used for staff's personal use (i.e., as staff residence). Common areas within the facility, such as kitchen and storage, may be used by staff during their work shifts as needed. Providers are to refer to the license and/or certification blueprint approved by DHCS for verification. If staff resides outside of the certified or licensed portion of the treatment facility, personal living expenses may not be charged to the BHS contract and must be aligned with the program's Cost Allocation Plan.

Ethical and Legal Standards
Programs shall develop and implement policies, procedures and training protocol that ensure that its employees, subcontractors, subcontractor employees and volunteers adhere to the highest ethical and legal conduct standards when performing work under the terms and conditions of the contract.

Code of Conduct
A Code of Conduct is a statement signed by all employees, contractors, and agents of an organization that promotes a commitment to compliance and is reasonably capable of reducing the prospect of wrongful conduct. Codes of Conduct should be created at the agency level. Programs shall have a written code of conduct that pertains to and is known about by staff, paid employees, volunteers, and the governing body and community advisory board members. Each staff, paid employee, and volunteer shall sign a copy of the code of conduct and a copy shall be placed in their personnel file. The program shall post the written code of conduct in a public are that is available to members. The code of conduct shall include the program policies regarding at a minimum the following:

- Use of alcohol and/or other drugs on the premises and when off the premises
- Personal relationships with participants
- Prohibition of sexual contact with participants
- Sexual harassment
- Unlawful discrimination
- Conflict of interest
- Confidentiality

In addition to the minimum requirements listed above, all Programs Serving Children, Youth & Families providers are encouraged to utilize the 2019 Trauma-Informed Care Code of Conduct in the creation of their agency code of conduct. This document, created by young adults with lived experience, is intended to guide programs in developing policies and procedures related to trauma informed care, to inform trainings

for staff, and to be offered to members to outline the commitment of the program to follow trauma informed principles. See M.2 – Trauma Informed Care Code of Conduct.

Counselor/Member Relationships
Relationships between members and program staff beyond the realm of treatment are prohibited. Staff must maintain healthy boundaries between themselves and their members at all times. Staff members' failure to adhere to this standard shall be disciplined at the discretion of the program director.

Sexual Contact
Sexual contact shall be prohibited between program staff, including volunteers, and members the Board of directors, and the participants. A written statement explaining the sexual contact policy shall be included in every participant's rights statement given at admission to a program. Programs shall include a statement in every personnel file noting that the employees and volunteers have read and understood the sexual contact prohibition. The policy shall remain in effect for six months after a participant is discharged from services, or a staff member of volunteer terminates employment.

Staff Development and Training Plans
Programs shall develop and maintain a management and staff training (including volunteers and interns) and development plan. The staff training plan shall be updated annually and written reports on management and staff progress in achieving their development goals shall be maintained in the employee's personnel file. Staff training and development plans shall include at minimum: Annual QI Training (at least member of leadership is required to attend); ASAM training for staff completing screening/intake, assessment and treatment planning – and those supervising them (i.e. LPHA, Medical Director) - must be completed prior to providing these services; specific treatment standards for services provided, member confidentiality, member screening and assessment, member referral, CPR, communicable diseases, cultural diversity, data collection and reporting requirements, drug testing protocols, program admissions procedures, and Evidence Based Practices of at a minimum of Relapse Prevention and Motivational Interviewing. Relapse Prevention and Motivational Interviewing trainings will be available through the BHS Workforce Training and Technical Assistance website, but staff may receive these trainings through other means, as long as the program COR has approved the alternative. Programs shall incorporate AB 2473 educational requirements into the annual staff training and development plan for registered counselors. Programs shall ensure counseling staff are informed of AB 2473 timelines, core competency requirements, and available approved training resources.

For updated training information, please refer to the most recent DMC-ODS Training Guide at https://sandiegocounty.gov/dmc. Contractors shall utilize County-approved training sources as indicated on the DMC-ODS Training Guide. Contractors may utilize training providers other than those indicated on the DMC-ODS Training Guide if approved by the COR to ensure minimum required standards are met.

Some of the following trainings may be tracked on the MSR/QSR:

- ASAM Training: Completion of ASAM A, B & C (via CIBHS) or completion of ASAM e-training Modules 1 and 2 ("Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care" (via the Change Companies) is required prior to provision of screening/intake, assessment and treatment planning services are provided (and by those supervising staff providing these services, i.e., LPHA, Medical Director)

- Cultural Competency Trainings: Minimum of four hours annual requirement for all staff. When an in-service is conducted, program shall keep on file a training agenda and a sign-in sheet for all those in attendance with sign-in/out times. For outside trainings, certificate of completion shall be kept on file at the program
- Evidence Based Practices: Professional staff shall be trained in Motivational Interviewing and Relapse Prevention
- BHS Disaster Training is available through e-learning located on the BHS Workforce Training and Technical Assistance website. A minimum of 25% of contracted staff need to be disaster trained
- System of Care Training is available through e-learning located on the BHS Workforce Training and Technical Assistance website. All direct service staff shall complete e-learning about BHS System
- CalOMS Web-based Training: For more information regarding this section, please refer to Section 7.
- Continuing Education Units (CEUs): Contractor shall require clinical staff to meet their licensing requirement. Professional staff (LPHAs) are required to receive a minimum of five (5) hours of continuing education related to addiction medicine each year. Other paraprofessional staff shall have a minimum of sixteen (16) hours of clinical training per year
- Withdrawal Management 3.2 Training Requirements:
    - Per Exhibit A of BHIN 21-001, those providing, monitoring or supervising WM services in a 3.2 facility must complete of 6 hours minimum of orientation training for new employees or for current employees within 14 days of returning to work after a break of 180 days or more that covers the needs of residents who receive WM services.
    - 8 hours minimum annually of training that covers the needs of residents who receive WM services.

Contract Required Trainings

The increasing focus and requirements on cultural sensitivity, outcome measures, practice guidelines, electronic health record and evidence-based practice necessitates the need for ongoing training. Many providers have a contractual obligation to participate in identified trainings within 60 days of hire or when trainings become available. Some trainings are to be tracked on MSR/QSR or SSR. Contractor shall attend trainings as specified in their Contract: DMC-ODS Required Trainings (sandiegocounty.gov)

- Continuing Education Units (CEUs) – Contractor shall require clinical staff to meet their licensing requirement.

- Cultural Competency Training – Minimum of four hours annual requirement for all staff. When an in- service is conducted, program shall keep on file a training agenda and a sign-in sheet for all those in attendance with sign-in/out times. For outside trainings, certificate of completion shall be kept on file at the program.

- System of Care Training – E-learning access is available through the BHS Workforce Training and Technical Assistance website. All direct service staff shall complete e-learning about BHS System, CWS System, and Pathways to Well-being.

- Medical Director Training – See one-pager for Medical Director Training Requirements posted on the Optum site.

The Quality Assurance Unit
The Quality Assurance Unit provides trainings and technical assistance on topics related to the provision of services in the Child, Youth & Family, and the Adult/Older Adult Systems of Care. Training and information are disseminated through:

- Basic Medi-Cal/County Standards Documentation Trainings and webinars
- Root Cause Analysis Training
- SmartCare Trainings
- QA Specialized Trainings
- Regular QA Communications
- SUD Organizational Provider Operations Handbook (SUDPOH)
- Regular Provider Meetings

For information on upcoming trainings or in-services, or if you require technical assistance, please contact QA at QIMatters.BHS@sdcounty.ca.gov.