

M. Staff Qualifications & Supervision

Each provider is responsible for ensuring that all staff meets the requirements of Federal, State, and County regulations regarding licensure, training, clinician/client ratios and staff qualifications for providing direct client care and billing for treatment services. Documentation of staff qualifications shall be kept on file at the program site. The 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 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. [SB 1024](#) sponsored by the Board of Behavioral Sciences mandates that all licensees 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.

County-operated programs may undergo Medi-Cal site certifications by the California DHCS and/or SDCBHS. This process includes a review of provider licenses where required. County hiring procedures shall include extensive background checks, including but not limited to, a review of license status, work history and references. Providers shall not be discriminated against on the basis of moral or religious beliefs or their practice of high-cost procedures.

San Diego County Behavioral Health Plan (SDCBHP) program for credentialing, re-credentialing and provider enrollment is designed to comply with national accrediting organization standards as well as local, state and federal laws. The process described below applies to all Legal Entities which opted to complete credentialing, recredentialing and provider enrollment using Optum's centralized process. Please note that Legal Entities are responsible for ensuring the successful completion of credentialing activities for all new staff upon hire.

Per DHCS [Behavioral Health Information Notice 18-019](#), credentialing/recredentialing requirements outlined below are applicable to Medi-Cal Programs and is requiring Licensed, Registered, Certified or Waivered Providers that provide direct billable services to be credentialed and re-credentialed every 3 years.

Credentialing via Optum

Initial credentialing processes begin with submission of completed and signed applications, along with all required supporting documentation. Providers are to call

Optum's Behavioral Health Services Credentialing Department at (800) 482-7114 or send a notification email to BHSCredentialing@optum.com. Entities can also choose to work with their assigned Optum Credentialing Representative directly by sending timely notice of changes in provider status such as but not limited to terminations, changes in license/registration, new hire notifications, etc.

The credentialing process includes without limitation attestation as to: (a) any limits on the provider's ability to perform essential functions of their position or operational status; (b) with respect to individual practitioner providers, the absence of any current illegal substance or drug use; (c) any loss of required state licensure and/or certification; (d) with respect to individual practitioner providers, any loss or limitation of privileges or disciplinary action; and (f) the correctness and completeness of the application.

Optum will also be conducting primary source verification of the following information:

- Current and valid license to practice as an independent practitioner at the highest level certified or approved by the state for the provider's specialty or facility/program status.
- Professional License current and valid and not encumbered by restrictions, including but not limited to probation, suspension and/or supervision and monitoring requirements.
- Clinical privileges in good standing at the institution designated as the primary admitting facility if applicable, with no limitations placed on the practitioner's ability to independently practice in his/her specialty.
- Graduation from an accredited professional school and/or highest training program applicable to the academic degree, discipline or licensure.
- Board Certification, if indicated on the application.
- A copy of a current Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) Certificate, as applicable.
- No adverse professional liability claims which result in settlements or judgments paid by or on behalf of the practitioner, which disclose an instance/ pattern of behavior which may endanger patients.
- No exclusion or sanctions/debarment from government programs.
- The current specialized training required for practitioners.

- No Medicare and/or Medicaid sanctions.

SDCBHP also requires:

- Current, adequate malpractice insurance coverage.
- Work history (past 5 years) for the provider's specialty.
- No adverse record of failure to follow SDCBHP policies, procedures, or Quality Management activities.
- No adverse record of provider actions which violate the terms of the provider agreement.
- No adverse record of indictment, arrest or conviction of any felony or any crime indicating patient endangerment.
- No criminal charges are filed relating to the provider's ability to render services to patients.
- No action or inaction taken by provider that, SDCBHP's sole discretion, results in a threat to the health or well-being of a patient or is not in the patient's best interest,

Residential Programs (facilities) must be evaluated at credentialing and re-credentialing. Those who are accredited by an accrediting body accepted by Optum (currently JCAHO, CARF, COA and Adult/ Older Adult) must have their accreditation status verified. On-accredited Residential Facilities/Sites providers must provide documentation from the most recent audit performed by DHCS, DHS or CMS as applicable.

Re-credentialing via Optum

SDCBHP requires that individual practitioners and Residential Programs Sites undergo re-credentialing every three (3) years. Re-credentialing will begin approximately six (6) months prior to the expiration of the credentialing cycle.

Required documentation includes without limitation attestation as to:

- any limits on the participating provider's ability to perform essential functions of their position or operational status
- with respect to individual practitioners participating providers, the absence of any current illegal substance or drug use; and

- the correctness and completeness of the application (including without limitation
- identification of any changes in or updates to information submitted during initial credentialing).

Failure of a participating provider to submit a complete and signed re-credentialing application, and all required supporting documentation timely and as provided for in the re-credentialing application and/or requests from Optum, may result in termination of participation status with SDCBHP and such providers may be required to go through the initial credentialing process.

Credentialing information that is subject to change must be re-verified from primary sources during the re-credentialing process. The practitioner must attest to any limits on his/her ability to perform essential functions of the position and attest to absence of current illegal drug use.

Provider Enrollment via Optum

Consistent with [DHCS Information Notice 20-071](#), Optum will enroll all applicable network providers, including individual rendering providers, through the [DHCS Provider Application and Validation for Enrollment \(PAVE\) portal](#). Billing providers are subject to the rules, processing requirements, and enrollment timeframes defined in Welfare and Institutions Code [Section 14043.26](#), including the timeframe within Section 14043.26(f) that generally allows DHCS up to 180 days to act on an enrollment application.

For Applicable Providers, Optum's Enrollment Coordinator will begin an Ordering Referring Prescribing (ORP) Application or an Affiliation Application as applicable in PAVE within five (5) business days from the date the provider returned an application for credentialing complete to Optum. Providers will receive an email from PAVE asking them to log in and respond to the disclosure questions and sign their application. Providers shall respond to the notification email from PAVE and complete their application within five (5) business days.

Delegates and Delegation

Legal Entities that have opted to be delegates for credentialing their own providers will have to adhere and continue adherence to state and local regulations, SDCBHP requirements, and National Committee of Quality Assurance Standards (NCQA) while performing their duties as Credentialing Delegates.

Delegated Entities will be audited by Optum on behalf of the County of San Diego County Behavioral Health Services and must receive a score of 85% or higher as a result of each audit. The Delegation Oversight Audits will be on an annual basis and Delegated Entities will

receive at a minim thirty (30) days prior notice to allow for proper preparation. Any scores below 85% will be given Corrective Action Plans to address any deficiencies and to ensure continuance of the programs' integrity and compliance. Delegated Entities shall be responsible for enrolling all applicable new and existing providers through the [DHCS Provider Application and Validation for Enrollment \(PAVE\) portal](#) and maintain compliance with the requirements outlined in [DHCS Information Notice 20-071](#)

Adult / Older Adult and Children, Youth & Families System of Care

Professional Licensing Waiver Requirements

Professional Licensing Waiver Guidelines -[Welfare and Institutions Code \(W&IC\) Section 5751.2](#). Complete professional licensing waiver requirements and instructions on how to request these waivers are available in [BHIN 24-033](#). This document is also posted on the Optum website> BHS Provider Resources> MHP Provider Documents> *Communications* tab.

Waiver Eligibility:

1. Professional License Waivers (PLW) are required for the following persons employed or under contract with the Behavioral Health Plan (BHP), Local Mental Health Department (LMHD), or provider subcontracting with the BHP or LMHD to provide mental health services under the Bronzan-McCorquodale Act (BMA): Psychologists who are gaining the “experience required for licensure”

OR

2. Psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who have been recruited for employment from outside California and whose experience is sufficient to gain admission to a licensing examination. “Experience required for licensure” for purposes of waiver means an experience that meets the requirements of Bus. & Prof. Code section 2914, subdivision (d).

Persons are subject to the PLW requirements found in W&I section 5751.2 and, in this BHIN, only when engaged in a formal employee/employer or individual contractual relationship with a local mental health program, including a BHP or LMHD, or provider subcontracting with the BHP or LMHD. Students in formal graduate programs who are not employed or under contract with a local mental health program, as specified, may not be subject to these PLW requirements.

This may include, for example, pre-doctoral students gaining “experience required for licensure” in a formal internship placement, as well as practicum-level students gaining experience required for graduate study, as long as they are not employed or contracted as described in section (1)(iii) below. Providing services through a DHCS PLW is only one way of obtaining predoctoral supervised professional experience (SPE) to satisfy psychology licensing requirements.

DHCS shall grant a PLW to the following eligible individuals:

1. Unlicensed individuals who:

- i. Will be employed or under contract with the BHP or LMHD or provider subcontracting with the BHP or LMHD to provide mental health services under the BMA as psychologists for the purpose of acquiring the SPE required for licensure, as required by [Bus. & Prof. Code section 2914](#), subdivision (d)(1) and [CCR, Title 16, section 1387](#)

AND

- ii. Will provide mental health services under the BMA under the clinical supervision of an approved licensed psychologist (or other supervisor approved by the Board of Psychology).

AND

- iii. Have earned a doctorate degree from an accredited or approved university, college, or professional school as set forth under Bus. & Prof. Code section 2914, subdivisions (b)-(c), in the following subject areas: (1) psychology, (2) educational psychology, or (3) education with the field of specialization in counseling psychology or educational psychology;

OR

2. Have completed at least a minimum of 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship or dissertation), as required by Title 16 of the CCR, section 1387(a)(1), from an accredited or approved university, college, or professional school as set forth under Bus. & Prof. Code section 2914, subdivisions (b)-(c), in the following subject areas: (1) psychology, (2) educational psychology, or (3) education with the field of specialization in counseling psychology or educational psychology.

OR

3. Psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who:
 - i. Have been recruited for employment from outside of California and employed or under contract with the BHP or LMHD or provider subcontracting with the BHP or LMHD to provide mental health services under the BMA;

AND

- ii. Have the minimum amount of professional experience, to gain admission to the applicable California licensing examination for their profession.

Waiver Duration: PLWs granted by DHCS are valid for five (5) years from the first date of employment by, or contract with, a local mental health program, including a BHP or LMHD, or provider subcontracting with the BHP or LMHD, unless the individual seeking waiver obtains appropriate licensure prior to the expiration of the five (5) year-waiver timeframe.⁴ PLWs cannot be extended beyond this five (5) year timeframe and must run continuously from the start date. The five (5) year term may not be backdated, postponed, paused, deferred, or extended for any reason.

How To Apply: The director or designee of a BHP or county mental health department may apply on behalf of an individual seeking a PLW. The employer shall not allow an individual seeking a waiver to begin work for which a license or waiver is required until DHCS has approved the PLW application. Applicants must complete and submit [DHCS Form 1739](#) to the Department.

- For individuals that are employed or under contract with the BHP, LMHD, or provider subcontracting with the BHP or LMHD to provide Medi-Cal SMHS or community mental health services, and are working to complete their post-doctoral SPE as defined by CCR, Title 16, section 1387, subdivision (a)(2):
 - A certified copy of the individual's most current doctoral program transcript from an accredited or approved educational institution that meets the requirements within Bus. & Prof. Code section 2914, subdivisions (b)-(c). The transcript must include the individual's full name and demonstrate that the individual has completed the doctoral program.

For individuals that have completed 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship, or dissertation), are employed or under contract with the BHP, LMHD, or provider subcontracting with the BHP or LMHD to provide Medi-Cal SMHS or community mental health services, and are working

to complete up to one year of pre-doctoral SPE as defined by CCR, Title 16, section 1387, subdivision (a)(1)

- A certified copy of the individual's most current doctoral program transcript from an accredited or approved educational institution that meets the requirements within Bus. & Prof. Code section 2914, subdivisions (b)-(c). The transcript must include the individual's full name and demonstrate that the individual has completed a minimum of 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship, or dissertation).

Psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who have been recruited for employment from outside of California, are employed or under contract with the BHP, LMHD, or provider subcontracting with the BHP or LMHD to provide Medi-Cal SMHS or community mental health services, and whose experience is sufficient to gain admission to the appropriate California licensing examination for their profession:

- Notification from the appropriate California licensing board that the individual has been accepted to sit for the applicable California licensing exam for their profession. A copy of the email from the licensing board confirming the individual's licensing exam date is sufficient to meet this requirement.
- Evidence of the issued license that includes the individual's full name, license number, and name of the state they are licensed in.

The application and supporting documentation must be submitted via email to MHLicensingWaivers@dhcs.ca.gov.

The following general points should be noted:

- Behavioral Health Plans (BHPs) should submit and receive approval for waivers under subdivisions 5751.2(d) [psychologist candidates] and 5751.2(e) [candidates recruited from outside California whose experience is sufficient to gain admission to the appropriate licensing examination] prior to allowing candidates to begin work for which a license or waiver is required.
- Waivers are not transferable from one BHP to another. If an individual who obtained a waiver while working for one BHP terminates employment and is subsequently hired by a second BHP, an application for a new waiver must be submitted by the second BHP prior to allowing the candidate to begin work for which a license or waiver is required.

- When requesting a waiver under a new BHP, the applicant must complete the DHCS-1739 form including the following information: name, name of county where services are provided, new employer contact, and applicant return address.

If an applicant changes employer within the same county/BHP no notification to DHCS is needed and a reapplication is not required. Once a waiver is granted, the waiver period runs continuously to its expiration point unless the BHP requests that it be terminated earlier. Use the “[DHCS 1739 Mental Health Professional Licensing Waiver Request](#)” form (and instruction sheet) which can be found on the DHCS website. Please review the instructions prior to faxing the waiver requests to the QA Unit, Attn: Waiver Requests at (619) 236-1953 or email documents to QIMatters.hhsa@sdcountry.ca.gov. For additional questions, please contact your QA Specialist.

Clearances for Work with Minors

Contractor’s employees, consultants, and volunteers, who work under given contract and work directly with minors, shall have clearances completed by the contractor prior to employment and annually thereafter. Employees, consultants, and volunteers shall successfully register with and receive an appropriate clearance by “[Trustline Background Checks](#)” or equivalent organization or service that conducts criminal background checks for persons who work with minors. Equivalent organizations or services must be approved by the COR prior to use by contractor.

Employees, consultants, and volunteers shall provide personal and prior employment references. Contractor shall verify reference information, and employees, consultants, and volunteers shall not have any unresolved negative references for working with minors. Contractor shall immediately remove an employee, consultant, or volunteer with an unresolved negative clearance.

Documentation and Co-Signature Requirements

Staff who provide mental health services are required to adhere to certain documentation and co-signature requirements. For the most current information on co-signature requirements, please refer to the Uniform Clinical Record Manual, located at the Optum Website> BHS Provider Resources> SMH & DMC-ODS Health Plans> UCRM tab. This manual will instruct staff on form completion timeframes, licensure and co-signature requirements, and staff qualifications necessary for completion and documentation of certain forms.

In general, staff that hold the license of an M.D., D.O., N.P., R.N., Ph.D., Registered Psychological Associate, LCSW, LPCC, or MFT do not require a co-signature on any documentation in the medical record. This also holds true for registered associates with

the Board of Behavioral Sciences (ASW, APCC or AMFT), or staff waived according to State guidelines.

These above-mentioned staff may also provide the co-signature that is required for other staff, excluding clinical trainees. Staff that does not meet the minimum qualifications of an MHRS shall have adequate clinical supervision and co-signatures from a licensed/registered/waivered staff. It is out of scope for a MHRS/LVN/LPT/MA to complete the behavioral health assessments, mental status exams (MSEs) and/or diagnostic impressions. These assessment elements must be completed by a licensed/registered/waivered clinician. A MHRS/LVN/LPT/MA may contribute to the assessment by gathering information that supports the assessment domains within their scope of practice.

Scope of Practice Matrix: [CalMHSA Clinical Documentation Guide, appendix III](#)

Provider Credentials- Definitions

DHCS [Behavioral Health Information Notice 24-023](#) provides the standards and definitions for specific Behavioral Health Provider Types and Services as outlined in SPA 23-0026 and as described in this section below.

Licensed Mental Health Professionals: A Licensed Mental Health Professional (LMHP) includes any of the following providers who are licensed in accordance with applicable State of California licensure requirements:

- licensed physicians;
- licensed psychologists (includes waived psychologists);
- licensed clinical social workers (includes waived or registered clinical social workers);
- licensed professional clinical counselors (includes waived or registered professional clinical counselors);
- licensed marriage and family therapists (includes waived or registered marriage and family therapists);
- registered nurses (includes certified nurse specialists and nurse practitioners);
- licensed vocational nurses;
- licensed psychiatric technicians; and
- licensed occupational therapists.

Use of LMHP or LPHA (Licensed Professional of Health Arts) varies by behavioral health delivery system. LMHP is a term used in the SMHS delivery system to identify a select group of provider types that provide rehabilitative mental health services. LPHA is a term

used in the DMC and DMC-ODS systems to identify a select group of provider types that provide SUD and expanded SUD treatment services, respectively.

Clinical Social Worker (CSW), Marriage and Family Therapist (MFT), and Professional Clinical Counselor (PCC) Candidates: For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, “**registered**” means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations and “**waivered**” means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

Clinical Social Worker (CSW), Marriage and Family Therapist (MFT), and Professional Clinical Counselor (PCC) Candidates: Candidates who have graduated from a master’s program and are completing their required hours for licensure must register with the BBS as an associate.

The “90 Day Rule” set by the BBS allows candidates to count supervised experience toward licensure when gained during the window of time between the degree award date and the issue date of the associate registration number if BBS receives the associate application within 90 days of the degree award date.

[SPA 23-0026](#) allows Medi-Cal behavioral health delivery systems to utilize CSW, MFT, and PCC candidates who have submitted their applications for associate registration to BBS within 90 days of their degree award date and are completing supervised experience towards licensure to provide SMHS, DMC-ODS and DMC services to Medi-Cal member for reimbursement. CWS, MFT and PCC candidates must work within their scopes of practice under California law. Medi-Cal behavioral health delivery systems must obtain and maintain documentation to verify that the candidate’s BBS application has been submitted and is pending and must subsequently verify that the registration is approved. In the event the BBS application is not approved by BBS, the services provided by the candidate are not Medi-Cal reimbursable.

Psychologist Candidates: For a psychologist candidate, “waivered” means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law. Please review the Professional License Waiver requirements information in this section.

Clinical Trainees: A Clinical Trainee (CT) is an unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Mental Health Professional or Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

The county must ensure that the clinician supervising the Clinical Trainee meets the minimum qualifications described by the applicable licensing board. Medi-Cal behavioral health delivery systems and trading partners may submit claims to Short Doyle for services rendered by the new Clinical Trainee provider types listed below:

- Nurse Practitioner Clinical Trainee
- Licensed Psychologist Clinical Trainee
- Licensed Clinical Social Worker Clinical Trainee
- Licensed Marriage and Family Therapist Clinical Trainee
- Licensed Professional Clinical Counselor Clinical Trainee
- Licensed Psychiatric Technician Clinical Trainee
- Registered Nurse Clinical Trainee
- Licensed Vocational Nurse Clinical Trainee
- Licensed Occupational Therapist Clinical Trainee
- Licensed Physician Clinical Trainee (Medical Student)
- Registered Pharmacist Clinical Trainee
- Physician Assistant Clinical Trainee
- (Certified) Clinical Nurse Specialist Clinical Trainee

Short Doyle will validate the supervisor's NPI against the data in the National Plan & Provider Enumeration System (NPPES). Claims for Clinical Trainees that do not contain a valid supervisor's NPI will be denied. Services rendered by Clinical Trainees will be reimbursed at the same rate as that of licensed or registered health care professionals within the CTs' profession. For additional guidance see [CalAIM Behavioral Health Payment Reform FAQs](#).

Clinical Trainees must be under formal agreement between the Masters' program and the Provider to serve as clinical trainees. This agreement allows for the Clinical Trainee staff, at the program's discretion, to complete documentation such as the Behavioral Health Assessment, Client Plan, Discharge Summary, and Progress notes with a co-signature.

Mental Health Rehabilitation Specialists (MHRS): Mental Health Rehabilitation Specialist (MHRS) is an individual who has a baccalaureate degree and four (4) years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two (2) years of graduate professional education may be substituted for the experience requirement on a year-for-year basis. Up to two (2) years of post-associate arts clinical experience may be substituted for the required educational experience (as defined by Title 9) in addition to the requirement of four years of experience in a mental health setting.

Other Qualified Provider: also referred to as Para Professional. An individual at least 18 years of age with a bachelor's degree, high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or care giver of a service recipient), or related secondary education. Programs must provide adequate training, supervision, and co-signatures by a licensed/registered/waivered staff for staff that does not meet the minimum qualifications of an MHRS.

Medical Assistant (MA): is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements, and provides administrative, clerical, and technical supportive services according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

Medication Support Services: Medication Support services shall be provided within the scope of practice by any of the following:

- Licensed Mental Health Professional
- MD/DO, NP, RN, LVN, Psychiatric Technician
- Pharmacist
- Physician Assistant
- Medical Assistant
- Clinical Trainees- NP, RN, PA, LVN, Psychiatric Tech, Pharmacist, Clinical Nurse Specialist Clinical trainees

Licensed/waivered/registered staff may then review and copy this information to relevant domains of the CalAIM assessment and complete the assessment with the client, claiming for their direct client time.

Nurses and Psychiatric Technicians may bill Medication Support to Medi-Cal under the Medication Training and Support service code, as long as the service provided is within the

individual's scope of practice and experience and documentation supports the service claimed.

Peer Support Specialists

California Mental Health Services Authority (CalMHSA) is responsible for certification and for examination and enforcement of professional standards for Certified Peers. For details on training, certification, examination, applying and more, visit the [CA Peer Certification website](#). Contractor shall ensure that Peer Support Services are provided by certified Peer Support Specialists as established in [BHIN 21-041](#). Additional DHCS resources and Behavioral Health Information Notices pertaining to Peer Support Services can be reviewed on the [DHCS Peer Support Services](#) webpage.

Peer Support Specialist Certification Qualifications

- Be at least 18 years of age
- Possess a high school diploma or equivalent degree
- Be self-identified as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver or family member of a consumer.
- Be willing to share their experience
- Have a strong dedication to recovery
- Agree, in writing, to adhere to a code of ethics
- Successfully complete the curriculum and training requirements for a peer support specialist
- Pass a certification examination approved by DHCS for a peer support specialist

Out of State Reciprocity

Qualified applicants must have:

- Completed 1500 hours as a peer support worker in three years or fewer, with 500 hours completed within the last 12 months

- Completed 20 hours of continuing education units (CEUs), including law and ethics.
- CEUs can be in relevant professional competencies obtained via relevant in-state, out-of-state, or national educational forums
- Passed the Medi-Cal Peer Support Specialist certification program exam
- Agreed to adhere to the Code of Ethics for Medi-Cal Peer Support Specialists in California
- Provided documentation of completion of at least one peer training
- Provided three Letters of Recommendation as outlined:
 1. One from a supervisor
 2. One from a colleague/professional
 3. One self-recommendation describing their current role and responsibilities as a peer support worker

There is no employment deadline or sunset date for peer support workers with out-of-state certification to apply for reciprocity. The deadline for the legacy clause passed as of June 30, 2023. The legacy process is no longer available.

Peer Support Specialist Supervisors Qualifications

The Contractor shall ensure that Peer Support Specialists provide services under the direction of a Behavioral Health Professional. A Behavioral Health Professional must be licensed, waived, or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of SMHS and DMC-ODS. Peer Support Specialists may also be supervised by Peer Support Specialist Supervisors, as established in [BHIN 21-041](#).

Per [BHIN 22-018](#), Supervisors must meet one of the following criteria:

1. Have a Medi-Cal Peer Support Specialist Certification Program certification; have two years of experience working in the behavioral health system; and have completed a DHCS approved peer support supervisory training curriculum,

OR

2. Be a non-peer behavioral health professional (including registered & certified SUD counselors) who has worked in the behavioral health system for a minimum of two years and has completed a DHCS approved peer support supervisory training;

OR

3. Have a high school diploma or GED, four years of behavioral health direct service experience that may include peer support services; and have completed an approved peer support supervisory training curriculum.

Staff Supervision and Management Requirements

Programs must provide supervision in amount and type that is adequate to ensure client safety, maximize gains in functioning, and meet the standards of the professions of those staff employed in the program.

Programs who employ waived/registered staff receiving supervision for licensure must offer experience and supervision that meet the requirements of the licensing board to which the person is registered. SB 1024, sponsored by the Board of Behavioral Sciences (Board), effective on January 1, 2025, clarifies the number of supervisees a supervisor can have: and defines who qualifies as a supervisee in group supervision, which is capped at eight (8) individuals; and specifies who is included in the limit of six supervisees receiving individual or triadic supervision per supervisor in nonexempt settings. Please see linked [“Clarification on Number of Supervisees”](#) for more information

Contractor shall ensure provision of required supervision for Nurse Practitioner staff or intern. The furnishing law requires that the physician supervise no more than four (4) nurse practitioners at a time. If the nurse practitioners are not furnishing, there are no limitations on the number of nurse practitioners the physician may supervise. (BPC §2836.1 (e)) [Nurse Practitioner \(ca.gov\)](#).

Supervisors may supervise up to eight (8) clinical staff (licensed, registered, waived, and clinical trainees) and up to twelve (12) total staff, to include clinical staff. Any exceptions to these requirements must be approved by the COR.

Contractor shall notify COR prior to personnel change in the Program Manager position. A written plan for program coverage and personnel transition shall be submitted to COR at least 72 hours prior to any personnel change in the Program Manager position. Program shall provide the COR an organizational chart identifying key personnel and reporting relationships within two (2) weeks of any changes to organizational structure.

Staffing Requirements

All providers shall have staff in numbers and training adequate to meet the needs of the program’s target population. Outpatient providers’ ratio of clinicians/therapists to Clinical Trainees shall be no more than 1:3 FTE, i.e., there must be at least one FTE licensed clinician per 3 FTE Clinical Trainees. Clinical Trainees may provide psychotherapy services,

under the close supervision of the clinician/therapist. Psychotherapy shall be performed by licensed, registered, waived, or Clinical Trainee (with co-signature by LPHA) staff in accordance with State law. Any exceptions to these requirements must be approved by the COR. Additional mandatory staffing requirements for program-specific services may be found in OPOH Section D.

Contractor's program staff shall meet the requirements of Title 9, Division 1, Article 8 and Title 9, Chapter 11 of the California Code of Regulations as to training, licensure, and clinician/client ratios. All staff shall operate within the guidelines of ethics, scope of practice, training and experience, job duties, and all applicable State, Federal, and County standards. The contractor is required to be compliant with all federal and state regulations regarding the provision, documentation, and billing of behavioral health services provided to dual-eligible beneficiaries (Medi-Medi) and follow appropriate staffing requirements. The contractor shall assure sufficient Medicare-approved staff are available for all Medicare-covered services delivered and ensure dual-eligible services are coordinated for Medicare to be billed as the primary payer and Medicaid as the secondary payer, unless otherwise directed by payer-specific rules.

Adult /Older Adult System of Care Staffing

Commensurate with scope of practice, mental health and rehabilitation services may be provided by any of the following staff:

- Physician
- Licensed/Registered/Waivered Psychologist
- Registered Psychological Associate
- Licensed/Registered/Waivered Clinical Social Worker
- Licensed/Registered/Waivered Marriage and Family Therapist
- Licensed/Registered/Waivered Professional Clinical Counselor
- Nurse Practitioner
- Registered Nurse
- Licensed Vocational Nurse
- Medical Assistant
- Licensed Psychiatric Technician
- Mental Health Rehabilitation Specialist
- Other Qualified Provider

Contractor Adult/Older Adult programs shall follow client to direct clinical FTE ratios as outlined in executed contract exhibits A & C.

Children, Youth & Families System of Care Staffing

Psychiatrists shall have completed appropriate training in a child or adolescent specialty. [California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care 2018 Edition](#) recommends psychotropic medications for children be prescribed by Board certified or Board eligible psychiatrists with specialization in child and adolescent or adolescent psychiatry, for programs that serve youngsters under 13 years of age or have 5 years of experience offering psychiatric services to children and adolescents. Any exception to this must be approved by the Mental Health Services Clinical Director and the COR.

Outpatient programs must also have psychiatry time adequate to meet the needs of the program's target population and sufficient to allow the psychiatrist's participation in treatment reviews, as well as meeting specific requirements as they pertain to fidelity or service delivery requirements and contractual requirements. The psychiatrist's participation in treatment reviews, especially where medications may be discussed, plus up to one hour per month for each new client to be assessed and one half hour per month per client on medications, for medication follow up.

Children, Youth & Families Contractors shall budget 49 unduplicated clients per direct clinical FTE (excluding trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization, noting that billable minutes based on the 1:49 ratio shall be maintained.

Family / Youth Support Partners who provide direct, billable service must have direct experience as the parent, care giver, or consumer in a public agency serving children, and demonstrate education and/or life experience commensurate with job duties. Youth (at least 12 years of age and up to 25 years of age) must meet work permit requirements when applicable. Partners must receive ongoing training and work under the direction of a licensed or waived staff member.

All **direct service staff** shall have had one year of supervised experience with children and adolescents. Any exceptions to these requirements must be approved by the COR.

Head of Service and providing clinical direction: Most programs' contracts require that the Program Manager (Head of Service) be licensed. If the Program Manager is not licensed, there must be a Clinical Lead who can provide clinical supervision and perform certain tasks, such as diagnosing, that are within the scope of practice of licensed and waived persons.

Day Treatment staffing: per the requirements of Title 9, the program must maintain a client to staff ratio of 8:1 (for Intensive programs) and 10:1 (for Rehab programs) at all times. Staff counted in the ratio must be Qualified Mental Health Professionals or licensed

or waived. In addition, County guidelines require that at least half the clinical staff in Intensive programs be licensed/waived.

Short Term Residential Treatment Program (STRTP) staffing: per Interim STRTP Regulations (Version II), STRTP shall have at least one full-time equivalent STRTP mental health program staff from the following list for each six children or fraction thereof admitted to the program:

- Physicians
- Psychologist: licensed or waived,
- LCSW, LMFT, and LPCC: licensed/registered/waived
- RN
- LVN
- Psychiatric Technicians
- MHRS
- Clinical Trainees
- Medical Assistants

Interdisciplinary Teams: Programs must have an interdisciplinary team, mandated by standards of participation within the program SOW. Members must participate in the regularly scheduled interdisciplinary team meetings where cases are reviewed.

Use of Volunteers and Clinical Trainees

Provider shall utilize family and community members as volunteers in as many aspects of the programming as possible, including teaching a special skill and providing one-on-one assistance to clients. Particular emphasis shall be made to recruit volunteers from diverse communities within program region. Provider shall have policies and procedures surrounding both the use of volunteers and the use of employees who are also clients/caregivers. Licensed staff shall supervise volunteers, students, interns, mental health clients and unlicensed staff involved in direct client care.

Clinical Trainees assigned to a program must have on file the written agreement between the school and agency with specific timelines which will act to demonstrate the official intern status of the student which determines scope of practice. Copy of document can be maintained in the Signature Log which often stores copies of staff qualifications.

Signature Log and Documentation of Qualifications

Each program shall maintain a signature log of all individuals who document in the medical record. Signature logs contain the individual's typed/printed name,

credentials/job title and signature. Included with the signature log, or in another accessible location, a copy of each individual's qualifications shall be stored (license, registration, waiver, resume, school contract, high school or bachelor's degree, documentation of COR waiver, etc.). This documentation is used to verify scope of practice. Program is responsible to ensure that current copy of qualifications (i.e., license, registration, etc.) is kept on file. Expired documents are to be maintained as they demonstrate qualifications for a given timeframe.

Signature entries and copies of qualifications of staff that are no longer employed by the program are to be maintained as they are documented in the medical record.