



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

MEMORANDUM

TO: BHSD County Contracted Providers

FROM: Edwin Poon, Deputy Director, Behavioral Health Services Department

DocuSigned by:

Edwin Poon
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RE: Credentialing Disclosures and Additional Information Requests

DATE: June 13, 2023

This letter is to clarify the expectations of BHSD and its delegated credentialing entity, Valley Health Plan's Credentialing Team, of BHSD network providers when additional details are requested by the Credentialing Team, which may include a copy of the background check conducted by the hiring agency. BHSD and its provider network are included in the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) for the County of Santa Clara. All MHPs and DMC-ODS are required to abide by the credentialing requirements outlined in [MHSUDS Information Notice 18-019 Final Rule Credentialing ADA \(ca.gov\)](#). The requirements state that for all network providers who deliver covered services, each provider application must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation
2. A history of loss of license or felony conviction
3. A history of loss or limitation of privileges or disciplinary activity
4. A lack of present illegal drug use
5. The application's accuracy and completeness

If a provider has disclosed and acknowledged a history of loss of license or felony conviction, additional information may be requested.

Part of the credentialing application requires the individual's signature to confirm the information in the application is true, current, and correct to the best of their knowledge. This signature also consents to disclosure and release of information related to credentials and qualifications. The disclosure section of each of the credentialing applications are identified below:

1. CAQH: Page 18 of the CAQH "Standard Authorization, Attestation, and Release"
2. [CSCPPA](#): Page 4 of the CSCPPA application states "consents to the disclosure, inspection, and copying of information and documents....including the criminal background check...."



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In addition to the initial application and consent, the Credentialing Team may make further requests for additional documentation such as copies of background check reports or further detail on any answers on the application. The employer is responsible for obtaining any further consents necessary from the applicant in order to fulfill the Credentialing Team's requests. Requests for this information will come from the Credentialing team's email: BHSDCredentialing@vhp.sccgov.org Please note that only authorized individuals will have access to the documents and these documents are kept confidential. Any delay in providing these documents will slow down the credentialing application process and may result in the provider not being able to provide services if not credentialed. BHSD is not responsible for any losses associated with delays in credentialing providers that may result from provider's delay or failure to submit additional requested documentation.

If you have any questions, please contact the VHP Credentialing Team by email BHSDCredentialing@vhp.sccgov.org or BHSD Business Office BHSDBusinessOffice@hhs.sccgov.org