

Provider Manual

Summary of Changes for Version Date: 01/31/24

The Provider Manual has been updated with the following changes:

Section	Change				
Chapter 2.3 Practitioner Credentialing	Credentialing Committee section, added language: Credentialing Committee meetings shall be held at least monthly on the third Wednesday of each month. Meetings may be rescheduled or cancelled due to unusual circumstances. Additional meetings may be scheduled as deemed necessary.				
Chapter 2.3 Practitioner Credentialing	Protection of Practitioner Rights section, revised language: Applicants may submit corrections to the Credentialing Specialist through secure e-mail to BHSDCredentialing@vhp.sccgov.org				
Chapter 2.3 Practitioner Credentialing	Practitioner Suspension/Termination Procedure section, revised language: Notification is promptly made to the practitioner by the BHSD, and/or designee, via certified mail regarding suspension or termination made by the BHSD due restriction or the loss of license, privileges, exclusion from government program or probation.				
Chapter 2.8 Interns and Trainees	Revised language: An individual that holds a Master of Social Work (MSW) requires a minimum of 1700 hours and 13 weeks of clinical supervision from a Licensed Clinical Social Worker (LCSW). The remainder may be provided by other licensed clinicians as specified by the Board of Behavioral Sciences.				
Chapter 2.12 Leave of Absence (LOA)	New section added				
Chapter 3.6 Data Collection	274 Monthly Submission section, revised language: <table border="1" data-bbox="976 1149 1871 1385"> <thead> <tr> <th data-bbox="982 1154 1203 1187">Date</th> <th data-bbox="1209 1154 1864 1187">Process</th> </tr> </thead> <tbody> <tr> <td data-bbox="982 1192 1203 1380">15th of every month file, if holiday file will be prepared business day before</td> <td data-bbox="1209 1192 1864 1380">Providers will log in to their web app account to access their respective agency folder in One Drive and download their prior month’s file to review and update.</td> </tr> </tbody> </table>	Date	Process	15 th of every month file, if holiday file will be prepared business day before	Providers will log in to their web app account to access their respective agency folder in One Drive and download their prior month’s file to review and update.
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15 th of every month file, if holiday file will be prepared business day before	Providers will log in to their web app account to access their respective agency folder in One Drive and download their prior month’s file to review and update.				

	23 rd of every month	Providers will send email to BHSDBusinessOffice@hhs.sccgov.org to notify that provider data is ready for review.
	26 th of every month	BHSD will notify the provider of errors in their files.
	29 th of every month	Providers will log in to their web app account to correct errors and notify BHSD when updates are completed.
Chapter 3.6 Data Collection	Temporary Closure of a Program to Referrals section, revised language to clarify the network change request form information and process.	
Chapter 3.6 Data Collection	Permanent Provider Closure section, added language: <ol style="list-style-type: none"> 3. Participating Providers will submit member letters, and in some cases, Notice of Adverse Beneficiary Determinations and supporting materials to inform impacted members of program closing that are: <ul style="list-style-type: none"> • Part of the closure. • Being transferred due to closure. • Closing w/out a new provider (this is a NOABD) 	
Chapter 3.7 Utilization Management	Revised language: All UM decisions are based on the member meeting medical necessity (medically necessary) based on DHCS regulations.	
Chapter 3.7 Utilization Management	Authorization section, added language: For Pre-Authorization and Re-Authorization all require the Authorization Request Form. This form is located on the BHSD website and can be found on this link: BHSD Forms - Behavioral Health Services - County of Santa Clara (sccgov.org)	
Chapter 3.7 Utilization Management	Authorization section, added language: BHSD will be maximizing the authorization form for other contracted services such as our Eating Disorder, Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS).	
Chapter 4.10 Compensation	Added reference to DMC-ODS	

Chapter 4.10 Compensation	Revised language: If a provider submits a charge that is greater than the rate table amount in the Exhibit B, the County will only pay the agreed Exhibit B amount (not the larger amount). If a beneficiary also has other health care coverage, such as Medicare or private insurance, the County will pay the agreed Exhibit B amount minus any amount paid by the other health care coverage.															
Chapter 4.14 Prohibition of Billing Beneficiaries and Requirements to Spend Down Medi-Cal Share of Cost	<p>Added language: State law requires certain Medi-Cal beneficiaries to pay a Share of Cost (SOC) before they are eligible to receive Medi-Cal benefits. When this requirement applies, the State will deny claims submitted for services provided to beneficiaries who have not met their SOC. To avoid denials by the State (and reimbursement of County payments pursuant to Section 4.10), Providers should access the Medi-Cal eligibility verification system to determine whether beneficiaries must pay a SOC and, when required, take steps to clear beneficiaries' SOC. Information about determining and clearing SOC can be found at the following links:</p> <ul style="list-style-type: none"> • Medi-Cal Provider Manual Part 1 – Medi-Cal Program and Eligibility, Share of Cost • Workbook Share of Cost (SOC) (soc_bb) (ca.gov) 															
Chapter 6.3 Network Change Request Form	<p>Revised language: The Network Change Request Form serves as a centralized reporting place which serves several purposes including:</p> <table border="1" data-bbox="978 976 1879 1386"> <thead> <tr> <th data-bbox="978 976 1083 1049">Track</th> <th data-bbox="1083 976 1339 1049">Impacted Area</th> <th data-bbox="1339 976 1879 1049">Types of Change</th> </tr> </thead> <tbody> <tr> <td data-bbox="978 1049 1083 1260" rowspan="5">A</td> <td data-bbox="1083 1049 1339 1260" rowspan="5">Agency Contact Information and Updates</td> <td data-bbox="1339 1049 1879 1097">New Legal Entity Name</td> </tr> <tr> <td data-bbox="1339 1097 1879 1146">New CCP Email Address/Website</td> </tr> <tr> <td data-bbox="1339 1146 1879 1195">Ownership Change</td> </tr> <tr> <td data-bbox="1339 1195 1879 1243">Key Contacts – annual and updates</td> </tr> <tr> <td data-bbox="1339 1243 1879 1292">Medical Director</td> </tr> <tr> <td data-bbox="978 1292 1083 1386" rowspan="3">B</td> <td data-bbox="1083 1292 1339 1386" rowspan="3">Site Certification, 274 and Electronic Health Records</td> <td data-bbox="1339 1292 1879 1341">New location</td> </tr> <tr> <td data-bbox="1339 1341 1879 1386">New program</td> </tr> <tr> <td data-bbox="1339 1386 1879 1435">Add/Change of Modes</td> </tr> </tbody> </table>	Track	Impacted Area	Types of Change	A	Agency Contact Information and Updates	New Legal Entity Name	New CCP Email Address/Website	Ownership Change	Key Contacts – annual and updates	Medical Director	B	Site Certification, 274 and Electronic Health Records	New location	New program	Add/Change of Modes
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C	Network Adequacy			Partial Move				
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				Program Closure				
		Legal Entity Closure						
Chapter 6.4 Reporting HIPAA Violations	Moved language							
Chapter 6.6 Incident Report Submission	<p data-bbox="978 833 1871 1105">Revised language: When an incident occurs, all providers will attend first to the mental wellbeing of the beneficiary first and notify their supervisor. For a Critical Incident or a Sentinel Event providers will complete the Critical Incident Sentinel Event Report. For a Quality of Care Concern, all sites, both county operated and contracted, are required to report concerns through submission of a Quality-of-Care Concern log sent quarterly. The Quality of Care Log requires a signature of the director or designee at the time of submission.</p> <p data-bbox="978 1130 1871 1328">Critical Incidents are expected to be reported within two (2) calendar days, and Sentinel Events are reported immediately following the event (within 24 hours). Providers are required to report quality of care concerns by completing and submitting a Quality of Care Concern/Incident Report in a secure encrypted email to qualityofcareconcern@hhs.sccgov.org.</p>							

	AGI-003A-Critical-Incident-Sentinel-Event-Report-(5).pdf (sccgov.org) AGI-003B-Quarterly-Quality-of-Care-Log(1).xlsx (live.com)
Chapter 10.4 Corrective Action Plans	Revised language: Providers will be notified at least 30 calendar days in advance of the audit and expected to produce necessary documentation and cooperate with further requests for information, clarification, or documentation.
Chapter 11.1 Contacts	Added new mailbox: BHSDPR@hhs.sccgov.org
Chapter 11.2 Glossary of Terms	Added Leave of Absence definition

Summary of Changes for Version Date: 07/18/23

The Provider Manual has been re-organized by Chapters and now includes references to the County of Santa Clara CalAIM CPT Code Set Document.

Section	Change
Chapter 1.3 Changes to the Provider Manual	New section added
Chapter 2.8 Interns and Trainees	Revised language: Supervision by a licensed clinician is required for all licensure types except for MSW; which requires an MSW with 2 years post master’s experience. BHSD recommends to maximize licensed clinicians as much as possible to ensure services provided are consistent with the person’s training and experience and ensure compliance with applicable laws
Chapter 2.9 Residents	New section added
Chapter 2.10 BHSD System Access Request Form (SARF)	Added link to the form and instructions.
Chapter 2.12 Medi-Cal Site Certification	Added link to DHCS for SUTS Residential and Outpatient Licensing and Certification
Chapter 3: Quality Management	New chapter added
Chapter 4.3: Electronic Signature	New section added
Chapter 4.9 Where to Send Invoices	Revised language per FY 23/24 new payment structure
Chapter 4.10 Compensation	Revised language per FY 23/24 new payment structure
Chapter 4.16 Advance Payment	New section added

Chapter 5: Provider Beneficiary and Appeals Process	New chapter added
Chapter 6 Communicating with BHSD	New chapter added
Chapter 7: DMC-ODS Program Requirements	New chapter added
Chapter 8: Court System Requirements	New chapter added
Chapter 9: Compliance	New chapter added
Chapter 10: Auditing	New chapter added
Chapter 11.1: Contacts	Added additional contacts
Chapter 11.2 Glossary of Terms	Added definition and examples for Waste

Summary of Changes for Version Date: 3/10/22

Page #	Section	Change
8	Credentialing Criteria and Basic Qualifications	Added: For Psychiatrists employed by the County, credentialing will be completed by Valley Medical Center.
8	Credentialing Criteria and Basic Qualifications	Added clarification: If practitioner was licensed or completed training within the past five years, then the time frame begins at the completion of licensure or training.
10	Insurance	Added: For County employees, send request for insurance certificate to BHSDBusinessOffice@hhs.sccgov.org
11	Credentialing Request and Application	Replaced Monthly Staff Roster with Credentialing Request Form
16	Waiver Request Process	Removed old link until new link is ready and clarified DHCS License Waiver process
18	BHSD System Access Request Form	Added new section to describe the process
23	Provider Connect Enterprise (PCE) and Provider Connect (PCNX)	Expanded details and reference to companion guides and training materials
23	Coding	Expanded details and reference to companion guides and training
26	Reimbursement Policies	Added new section related to claims requirements and standards for documentation and scope of practice
28	Contacts	Added additional e-mail contacts