

Provider Manual

Summary of Changes for Version Date: 03/07/25

The Provider Manual has been updated with the following changes:

Section	Change
Chapter 2.3 Practitioner Credentialing	<p>Credentialing Application Requirements section, added two provider types: Emergency Medical Service Providers and Clinical Supervisor</p> <p>New language: Please note that for any inter/trainee who is submitting billing, they need to have a credentialed supervisor.</p>
Chapter 2.3 Practitioner Credentialing	<p>Minimum Qualifications for Initial Credentialing section, revised language: Providers are required to notify BHSD and VHP of any of the following statuses at anytime they are participating as a BHSD provider:</p> <ul style="list-style-type: none">• Expiration, surrender, revocation, probation, accusation, suspension, or any other status change of a license or DEA registration;• Exclusion from any federal program for payment of physical or behavioral health care services;• Filing of any report regarding the provider to NPDB or with a state licensing or disciplinary agency;• Change of a provider’s status that results in any restrictions or limitations; or• External sanction or corrective action levied against a provider by a governmental agency <p>Such notice shall be sent in writing to BHSDBusinessoffice@hhs.sccgov.org and BHSDCredentialing@vhp.sccgov.org.</p> <p>The notice shall include the following:</p> <ol style="list-style-type: none">1. First and Last Name2. NPI#

	<p>3. Status Type, i.e. expiration, surrender, revocation, probation, accusation</p> <p>4. Effective Date of Status</p> <p>Once BHS and VHP has been notified, VHP will outreach to provider for additional information and documentation.</p>
Chapter 2.3 Practitioner Credentialing	Re-credentialing section, revised language: A Provider's Agreement may be terminated at any time if the Credentialing Committee determines that the practitioner no longer meets the minimum credentialing standards and requirements, or determine that their is a quality of care issue.
Chapter 2.3 Practitioner Credentialing	New section added: Transition from Associate to Licensed Providers
Chapter 2.4 Professional License Waiver Requests Process	<p>Reflects current BHIN 24-033 Mental Health Professional License Waiver (PLW).</p> <p>Revised language: To apply for a waiver, complete and submit a DHCS Form 1739 Mental Health Professional Licensing Waiver Request DHCS 1739.pdf (ca.gov) and supporting documentation to BHSDBusinessOffice@hhs.sccgov.org for review. If the individual satisfies the requirements, BHS and VHP signs and submits the completed form to DHCS for approval. Once DHCS approves, the requestor will be notified and can attach the approval to the credentialing application packets submitted to the Credentialing Team at VHP.</p> <p>While a PLW application is pending please be mindful not to code the applicant's taxonomy as psychologist until the PLW is returned from DHCS. In the interim, the applicant's taxonomy should be set an intern until the PLW is approved and returned to credentialing.</p>
Chapter 2.8 Interns and Trainees	Revised Language: Interns and trainees are required to be enrolled in an educational program that is designed to qualify the person for licensure. 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

	<p>other licensed clinicians as specified by the Board of Behavioral Sciences (BBS). For training, supervision and hours requirements for other types of interns and trainees who may be providing services (MFT, PCC, PhD, and PsyD) please refer to their respective license boards (e.g. BBS, and California Board of Psychology) county and state guidelines. 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. Interns and trainees must possess a NPI number with a valid taxonomy.</p>
Chapter 2.9 Board of Behavioral Sciences 90-day Rule	New section added
Chapter 2.11 Emergency Medical Technicians/Paramedics	New section added
Chapter 2.15 Submitting Provider Updates	New section added
Chapter 2.17 Medicare Site Enrollment	New section added
Chapter 3.3 Timely Access Standards	<p>New language – Timeliness Tool: All Providers, Contacted Agencies, and County Clinics shall complete the BHSD Timeliness Tool in myAvatar for each referral or request for psychiatric services they receive. Contracted Agencies will complete the tool through the PCNx portal and County Clinics will complete tool in myAvatar. All referrals and requests for psychiatry services require the Timeliness Tool to be completed regardless of if client is admitted.</p>
Chapter 3.4 Referral and Intake Process	<p>Revised Language: When beneficiaries call the BHSD Call Center, the beneficiary will be screened for eligibility for Specialty Mental Health and Substance Use Treatment services. When the insurance is verified and if the beneficiary meets the criteria per CalAIM then the BHSD Call Center will send the referral to a Participating Provider within 15 miles or 30 minutes on public transportation from the beneficiary’s home address. Once the referral is received, the Participating Provider will call the beneficiary within twenty-four (24) business hours to offer an appointment. Standard practice is to call three times if unable to reach the individual initially. The appointment offered must be for a time and date within 10 business days of the beneficiary’s referral from the BHSD Call Center. If an appointment is not available within 10 business days, a timely access NOABD must be completed and sent to beneficiary and available to BHSD upon request. If</p>

	<p>the beneficiary does not meet criteria, then the BHSD Call Center will offer community resources and offer a referral to Santa Clara Family Health Plan or Anthem for mild-moderate services, as applicable.</p> <p>If Participating Providers are anticipating a change in their ability to accept referrals that would result in a program closure, refer to section 3.6 Closing a Program to Referrals.</p>
Chapter 3.4 Referral and Intake Process	<p>New language – Walk-in Workflow: All Providers, Contracted Agencies and County Clinics may accept walk-in clients. The process allows clients to easily access services without undo barriers. Specific walk-in workflows for both mental health and substance use services can be found on the following link: Walk-in Process</p>
Chapter 3.6 Data Collection	<p>Reorganized 274 network adequacy reporting section to itemize outpatient and residential facility reporting data elements.</p>
Chapter 3.6 Data Collection	<p>Temporary Closure of a Program Referral section, revised language: If a Participating Provider is unable to accept referrals, the Participating Provider is required to report the closure to the Plan. To report a temporary closure, the Participating Provider must complete the Network Change Request Form which can be found on this link: https://www.surveymonkey.com/r/BHSDNETWORKCHANGEREQUEST</p> <p>The form will request an explanation for the closure that's resulting in a change in ability to receive referrals and identify the number of network providers who are not accepting new Medi-Cal beneficiaries. If upon review, the information is found to be insufficient BHSD may request additional information and/or ask the provider to temporarily stay open while options are explored to avoid a temporary closure.</p> <p>The Network Change Request Form will contain detailed information about the change in ability to accept referrals, including the reason for the change, the impacted service areas, and the expected impact on covered individuals' access to care.</p>

Chapter 3.6 Data Collection

Permanent Provider Closure section, revised language: Participating Providers are required to report permanent program closures to the Plan as described in BHSD Policy PRR-011 Notification of Program and Legal Entity Closures. To report a permanent program closure, the Participating Provider must complete the Network Change Request Form ninety (90) days in advance of the closure.

1. Participating Providers will submit the Network Change Request Form to the BHSD Provider Relations office who will notify the Call Center to ensure future referrals and referrals in progress are re-directed to other programs.
2. Participating Providers will partner with BHSD Provider Liaisons to coordinate transition of affected clients to alternative programs by providing a list of clients (Program Closure Client Tracking Table) to be closed and/or transferred within 10 days of the notice of closure.
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:
 - Part of the closure.
 - Being transferred due to closure.
 - Closing without a new provider (this is a NOABD)
4. Participating Providers will finalize client notes, provide all documentation necessary to transition clients, and close cases in myAvatar and take all other necessary steps to facilitate client's transfer and transition.

Chapter 3.7 Utilization Management	Section updated to clarify prior authorization, re-authorization, retrospective authorization, and supplemental services.
Chapter 3.12 ICC and IHBS Screening	New section added
Chapter 4.2 Adjudication Rules	New section added: Beneficiary and Eligibility
Chapter 4.10 Compensation	New Language: 1. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a guarantee that the provider will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the service and diagnosis.
Chapter 4.10 Compensation	Revised Language: 3.County Contracted Providers will be paid for claims approved by the County and reimbursed by the State. Providers assume financial responsibility for rejected services, and must successfully replace or resubmit invalid, rejected, or void claims in order to receive reimbursement for them. See Section 4.11 Reimbursement policies below.
Chapter 4.10 Compensation	New language: 7.For cost-based programs, BHSD will approve or deny costs submitted based on state guidance, Generally Accepted Accounting Principles (GAAP), and the scope of work for the program. Under no circumstances will BHSD approve unallowable costs. Unallowable costs include: a. Tobacco products, alcohol, non-prescription controlled substances b. Food and beverages that violate County policies c. Expenditures unrelated to providing contracted services to County beneficiaries d. Personal expenditures of staff e. Payments for items which are duplicative without a clear

	necessity (e.g: two internet lines for one location)
Chapter 4.11 Recoupment and Withholding Compensation	Combines and replaces old sections “4.11 Reimbursement Policies and 4.13 Recoupment and Withholding Compensation” with new section “4.11 Recoupment and Withholding Compensation”
Chapter 5.4 Notice of Adverse Benefit Determination (NOABD)	New section added – Adverse Benefit Determination (Hospitals/Psychiatric Facilities)
Chapter 6.3 Network Change Request Form	Updated table
Chapter 6.5 Reporting Fraud, Waste, and Abuse and Catastrophic Events	Added telephone number
Chapter 7.1 DMC-ODS Program Requirements, Trainings	New section added – Evidence Based Practices (EBP) Trainings
Chapter 9: Children, Youth, and Family (CYF) Requirements	New chapter added
Chapter 11.4 Corrective Action Plans	Revised language to align with template and process
Chapter 12 Policies and Procedures	New chapter added
Chapter 13 Trainings	New chapter added
Chapter 14 Inpatient Providers Guidelines	New chapter added
Chapter 15.1 Contacts	Added four topics: Authorizations, Eating Disorders, Hospital Liaison, and Provider Update Form Submission
Chapter 15.2 Glossary of Terms	Revised two definitions: Waste and Workforce Member

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="974 646 1873 1182"> <thead> <tr> <th><u>Date</u></th> <th><u>Process</u></th> </tr> </thead> <tbody> <tr> <td>15th of every month file, if holiday file will be prepared business day before</td> <td>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> <tr> <td>23rd of every month</td> <td>Providers will send email to BHSDBusinessOffice@hhs.sccgov.org to notify that provider data is ready for review.</td> </tr> <tr> <td>26th of every month</td> <td>BHSD will notify the provider of errors in their files.</td> </tr> <tr> <td>29th of every month</td> <td>Providers will log in to their web app account to correct errors and notify BHSD when updates are completed.</td> </tr> </tbody> </table>	<u>Date</u>	<u>Process</u>	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.
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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 										

	<p>supporting materials to inform impacted members of program closing that are:</p> <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	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:

	<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="976 440 1873 1065"> <thead> <tr> <th>Track</th> <th>Impacted Area</th> <th>Types of Change</th> </tr> </thead> <tbody> <tr> <td rowspan="5">A</td> <td rowspan="5">Agency Contact Information and Updates</td> <td>New Legal Entity Name</td> </tr> <tr> <td>New CCP Email Address/Website</td> </tr> <tr> <td>Ownership Change</td> </tr> <tr> <td>Key Contacts – annual and updates</td> </tr> <tr> <td>Medical Director</td> </tr> <tr> <td rowspan="5">B</td> <td rowspan="5">Site Certification, 274 and Electronic Health Records</td> <td>New location</td> </tr> <tr> <td>New program</td> </tr> <tr> <td>Add/Change of Modes</td> </tr> <tr> <td>Partial Move</td> </tr> <tr> <td>Renovation</td> </tr> <tr> <td rowspan="3">C</td> <td rowspan="3">Network Adequacy</td> <td>Temporary Closure= Hold Referrals</td> </tr> <tr> <td>Program Closure</td> </tr> <tr> <td>Legal Entity Closure</td> </tr> </tbody> </table> <p>Instructions for completing the Network Change Request Form can be found on this link: Electronic Health Records - Behavioral Health Services - County of Santa Clara (sccgov.org)</p> <p>On an annual basis, Participating Providers must complete a Census Form to accurately map and report the provider network, identify facilities that</p>	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	Partial Move	Renovation	C	Network Adequacy	Temporary Closure= Hold Referrals	Program Closure	Legal Entity Closure
Track	Impacted Area	Types of Change																					
A	Agency Contact Information and Updates	New Legal Entity Name																					
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		Renovation																					
C	Network Adequacy	Temporary Closure= Hold Referrals																					
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		Legal Entity Closure																					

	are accessible to beneficiaries with disabilities, and update key Participating Provider
Chapter 6.4 Reporting HIPAA Violations	Moved language
Chapter 6.6 Incident Report Submission	<p>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>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> <p>AGI-003A-Critical-Incident-Sentinel-Event-Report-(5).pdf (sccgov.org)</p> <p>AGI-003B-Quarterly-Quality-of-Care-Log(1).xlsx (live.com)</p>
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
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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