

**Policy & Procedure Number: BHSD PRR-05**

<b>Primary Category</b>	<b>Impacts</b>
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> AMT <input checked="" type="checkbox"/> AOA <input checked="" type="checkbox"/> CJS <input checked="" type="checkbox"/> CYF <input checked="" type="checkbox"/> OSH <input type="checkbox"/> SUTS <input checked="" type="checkbox"/> TAY
<b>Effectuated Parties</b>	<input type="checkbox"/> All Workforce Members <input checked="" type="checkbox"/> Practitioners <input checked="" type="checkbox"/> BHSD <input checked="" type="checkbox"/> Contracted Providers <input checked="" type="checkbox"/> Inpatient Providers <input type="checkbox"/> Quality Managers

**BHSD POLICY & PROCEDURE APPROVAL REQUEST****I. BHSD P&P INFORMATION****Assigned Policy Name:** Professional License Waivers**Assigned Policy Number:** PRR-05**Policy Owner:** Quality Management Director**Impacted Managed Care Policy Area(s): Mark All That Apply**

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|--|--|
| <input checked="" type="checkbox"/> Administration (ADM)               | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI)            |
| <input checked="" type="checkbox"/> Clinical, Medical & Pharmacy (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON)                               | <input type="checkbox"/> Data Management (DTM)                           |
| <input checked="" type="checkbox"/> Fiscal (Claims, Billing) (FIS)     | <input checked="" type="checkbox"/> General Operations (GEO)             |
| <input checked="" type="checkbox"/> Health and Safety (HAS)            | <input type="checkbox"/> Health Education (HED)                          |
| <input type="checkbox"/> Legal (LEG)                                   | <input type="checkbox"/> Member Services & Materials (MSM)               |
| <input checked="" type="checkbox"/> Personnel (PER)                    | <input checked="" type="checkbox"/> Provider Relations (PRR)             |
| <input checked="" type="checkbox"/> Quality Management (QAM)           | <input type="checkbox"/> Reporting (RPT)                                 |
| <input checked="" type="checkbox"/> Service Delivery (SDM)             | <input type="checkbox"/> Utilization Management (UMR)                    |

**II. BHSD P&P APPROVAL****Section A: HHS Compliance and County Counsel****HHS Compliance:**

Date:

**County Counsel:**

Date:

**Section B: BHSD Director****BHSD Director:**

DocuSigned by:  
*Sherrri Terao*  
DAB699BA2A1544D...

Date: 6/12/2023

<b>Approved/Issue Date:</b> 6/28/2022	<b>Behavioral Health Services Director:</b>	Sherrri Terao
<b>Last Review/Revision Date:</b>	<b>Next Review Date:</b> 6/27/2025	<b>Inactive Date:</b>

<b>III. REPLACES</b>	BHSD Policy #412-411 Staff License Waivers BHSD Policy #412-412 Professional License Waivers BHSD Policy #155 Professional License Waivers
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<b>IV. REFERENCES:</b>
<ul style="list-style-type: none"> <li>• CA WIC § 5751.2. Operation and Administration</li> <li>• CA BPC § 2914 (d). Healing Arts</li> <li>• Bronzan-McCorquodale Act (BMA).</li> <li>• Behavioral Health Information Notice No: 20-069. Mental Health Professional Licensure Waiver</li> </ul>

<b>V. PURPOSE:</b>
To describe the requirements in obtaining a Professional License Waiver prior to providing mental health services.

<b>VI. POLICY:</b>
<p>California law provides a mechanism for graduates of schools of social work and psychology to obtain the necessary clinical hours to qualify for their applications for licensure. That process involves registration with the California Board of Behavioral Science (BBS) for:</p> <ol style="list-style-type: none"> <li>a) Psychologists who are gaining “the experience required for licensure.”</li> <li>b) Psychologists, Clinical Social Workers (CSW), Marriage &amp; Family Therapists (MFT) or Professional Clinical Counselors (PCC) who have been recruited for employment from outside of California and whose experience is sufficient to gain admission for a licensing examination.</li> </ol> <ol style="list-style-type: none"> <li>1. No practitioner shall be offered employment as a psychologist, CSW, MFT, or PCC, or accepted as a post-graduate volunteer intern unless that person can produce documentation of current registration with the BBS.</li> <li>2. No practitioner shall be offered employment as a psychology intern or accepted as a post-graduate volunteer intern unless that person applies through Behavioral Health Services Department (BHSD) Quality Management for a DHCS Professional License Waiver (PLW) in Lieu of License.</li> <li>3. Candidates for LCSW and LMFT licensure must send documentation of annual renewals of their BBS intern registration to Valley Health Plan (VHP).       <ol style="list-style-type: none"> <li>a. Candidates are required to maintain registration with the BBS. If registration expires, staff will no longer be considered waived for purposes of billing.</li> </ol> </li> <li>4. PLW in Lieu of License granted by DHCS are valid for five (5) years from the first date of employment by, or contract with the Plan or their Participating Provider, or until the practitioner seeking waiver obtains appropriate licensure, whichever occurs first.</li> <li>5. PLWs cannot be extended beyond this five-year timeframe and must run continuously from the start date. The five-year timeframe may not be postponed, paused, deferred, or otherwise suspended for any reason.</li> <li>6. Workforce Members who do not become licensed within the five-year timeframe may not continue to provide clinical services that are restricted to licensed personnel. In this case, the Plan shall take steps up to and including termination if “No mutually acceptable alternate and appropriate job” can be found.</li> </ol>



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7. Participating Providers will carry any risks associated with employing ineligible workforce members as practitioners, including audit risk and default of contract.

**VII. DEFINITIONS:**

**Behavioral Health Services Department (BHSD).** Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

**Bronzan-McCorquodale Act (BMA).** Contains provisions governing the operation and financing of community mental health services for individuals diagnosed with mental illnesses in every county through locally administered and locally controlled community mental health programs.

**County Contracted Providers (CCPs).** Sub-Contracted Providers that agree to provide covered specialty mental health services and/or substance use treatment services to Beneficiaries, or any other organization or person who agrees to perform any administrative function or service for BHSD specifically related to securing or fulfilling its obligations to the DHCS under the terms of their existing contracts.

**Department of Health Care Services (DHCS).** Department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income people.

**Participating Provider.** A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

**Practitioner.** Workforce Members that provide direct Beneficiary care services, and are licensed, registered, waived, certified or meet criteria as a paraprofessional.

**Professional License Waivers (PLW).** Required for persons employed or under contract to provide Medi-Cal SMHS for a Plan or community mental health services under the Bronzan McCorquodale Act (BMA):

- a. As psychologists who are gaining the "experience required for licensure".

- b. As 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 experience that meets the state regulatory requirements described in CA BPC § 2914 (d). Healing Arts.

**The Plan.** Provides oversight to behavioral health Medi-Cal carve out programs. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

**Workforce Member.** Employees, residents, students, volunteers, interns, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of the covered entity, whether or not they are paid by the covered entity.

VIII. OVERSIGHT AND MONITORING PROCEDURE	
Processes	Requirements
<b>Selection Criteria</b>	<ol style="list-style-type: none"> <li>1. BHSD has established individual, group, and organizational participating provider selection criteria that comply with the regulatory requirements.                             <ol style="list-style-type: none"> <li>a. Each individual or group participating provider will:                                     <ol style="list-style-type: none"> <li>i. Possess the necessary license or certification.</li> <li>ii. Meet Santa Clara County Plan Quality Management Program standards.</li> <li>iii. Meet any additional requirements established by the Plan as part of a credentialing or other evaluation process.</li> </ol> </li> </ol> </li> </ol>
<b>Supervision</b>	<ol style="list-style-type: none"> <li>1. When selecting organizational providers, BHSD requires that each Participating Provider:                             <ol style="list-style-type: none"> <li>a. Maintain appropriate supervision of waived practitioners to ensure that PLW services are effective and paves the way for greater practitioner accountability to the practice and profession.</li> <li>b. Supervisors will meet with and document encounters with the PLW twice a month to ensure services are being provided within the scope of practice.</li> </ol> </li> </ol>

IX. WORKFLOW PROCEDURE	
Responsible Party	Action Required
<b>PLW Practitioner Responsibilities</b>	<ol style="list-style-type: none"> <li>1. Submit a completed and signed waiver request form (see Appendix A), proof of degree (either a copy of diploma or transcripts indicating course work completion), copy of BBS registration or Board of Psychology (BOP) registration, and copy of identification and additional supporting documents to the <b>Business Office</b> at <a href="mailto:BHSDBusinessOffice@hhs.sccgov.org">BHSDBusinessOffice@hhs.sccgov.org</a></li> </ol>

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	<ol style="list-style-type: none"> <li>2. Provide documentation of BBS or BOP registration and annual renewals to supervisors and <b>VHP</b> at <a href="mailto:BHSDCredentialing@vhp.sccgov.org">BHSDCredentialing@vhp.sccgov.org</a></li> <li>3. Notify the practitioner's licensing board within thirty (30) days of a legal name change. <ol style="list-style-type: none"> <li>a. The reissued proof of registration with legal name should be submitted to participating provider Payroll/Personnel and VHP as soon as available.</li> </ol> </li> <li>4. Remain aware of the schedule for written examinations in their field, and to plan to take such examinations at the earliest opportunity to meet registration/waiver timetables.</li> <li>5. Discuss licensing plans and any difficulties with their supervisors so that, if possible, contingency plans may be made.</li> <li>6. Understand the consequences of failure to obtain a clinical licensure in the allowed time period.</li> <li>7. Notify VHP of licensure to terminate registration and waiver oversight process.</li> </ol>
<b>Out of State Licensed Practitioners</b>	<ol style="list-style-type: none"> <li>1. The applicant for employment as a practitioner must present evidence that they have investigated the process for California reciprocity and demonstrate eligibility, must discuss this timetable with the prospective supervisor, and must follow all requirements of the appropriate licensing board.</li> <li>2. The supervisor and practitioner shall follow oversight procedures described in PLW Practitioner Responsibilities to assure progress towards California licensure in a timely manner.</li> </ol>
<b>Business Office</b>	<p><b>Initial Processing</b></p> <ol style="list-style-type: none"> <li>1. Receive and review completed and signed waiver request form, proof of degree (either copy of diploma or transcripts indicating course work completion), BBS or BOP registration, identification, and forms submitted meets the requirement for the waiver requested. <ol style="list-style-type: none"> <li>a. All doctorate level applicants must include a resume or Curriculum Vitae.</li> </ol> </li> </ol>

	<ol style="list-style-type: none"> <li>2. Complete and submit the Mental Health Licensing Professional Licensing Waiver Request (DHCS Form 1739) to Plan's Director or Designee for signature.</li> <li>3. Submit DHCS Form 1739 and all required documentation to DHCS prior to the applicant's employment start date. Upon receipt of the DHCS's approval of the request, notify applicant of approval and instruct applicant to begin credentialing process with VHP.</li> </ol> <p><b><u>Monitoring</u></b></p> <ol style="list-style-type: none"> <li>1. Track and review credentialing database of annual BBS registration renewals up to five years.</li> </ol>
<p><b>X. ATTACHMENTS</b></p>	<ol style="list-style-type: none"> <li>A. Professional License Waiver Request Form</li> <li>B. DHCS Form 1739 Mental Health Professional Licensing Waiver Request</li> </ol>

<b>XI. REVISION HISTORY</b>				
<b>Policy Name</b>	<b>Active Dates Range</b>	<b>Date Approved</b>	<b>Reason for Review</b>	<b>Summary of Changes</b>