



Selection and Retention of Network Provider Policy

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Policy The Department of Behavioral Health (DBH) shall comply with state and federal requirements regarding the selection and retention of network providers, specifically pertaining to the following:

- Credentialing and re-credentialing;
- Non-discrimination, and
- Exclusion and sanction screenings.

The DBH workforce, including Fee For Service (FFS) Providers and contract agencies, must abide with applicable requirements, including credentialing/re-credentialing, non-discrimination practices (during hiring practices and in the provision of rendering services) as well as reporting any potential exclusions and/or sanctions that may impact the ability to render services.

Purpose To ensure DBH administers appropriate and equitable network provider selection and retention practices, including as implemented for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) network providers and contract agencies.

Definition(s) **Network provider:** A licensed, certified, registered or waived professional that provides mental health or substance use disorder (including SMHS or DMC-ODS) services. Agencies are also considered network providers as they employ or contract with individuals who render services.

Selection Criteria DBH shall ensure, at minimum, the following criteria are met:

- Appropriately registered, certified, licensed or waived (appropriate approval for waiver must be obtained from DBH);
- In good standing with their respective licensing board who are acting within their scope of practice for services that require licensure, certification, registration or waiver;
- Adherence with applicable San Bernardino County (County) Procurement policies and standard practices and Procurement Manual when procuring services with a contract agency;
- Confirmation providers are located in the United States (if telehealth services are rendered);

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Selection Criteria, continued

- Compliance with the [DBH Credentialing Policy](#) and [DBH Credentialing Procedure](#);
 - Confirmation providers are not excluded from participation in federal or state healthcare programs by complying with the [DBH Ineligible Persons Policy](#) and [DBH Ineligible Persons Procedure](#);
 - Non-discrimination in the selection, reimbursement or indemnification of any provider who is acting within the scope of his/her license, certification, registration or waiver under applicable State law, solely on the basis of that license or certification;
 - Non-discrimination against particular providers that serve high-risk populations or specialize in conditions that required costly treatment;
 - Agreement to comply with disclosure of ownership and control, and
 - Agreement to comply with all DBH and County contractual requirements including, but not limited to:
 - Records retention;
 - Cost reporting;
 - Medi-Cal certification;
 - Date reporting, and
 - Insurance coverages.
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Retention of Providers

It is the goal of DBH to retain network providers who maintain good standing and provide quality services within the continuum of care. DBH implements a variety of actions to ensure appropriate retention, including but not limited to the following:

- Monitoring performance of network providers on an ongoing basis, including onsite reviews;
 - Identifying areas of improvement or deficiencies and requiring corrective action, and
 - Providing technical assistance.
 - Ensuring compliance with contractual requirements based on desk audits *and* onsite reviews;
 - Certifying and re-certifying providers;
 - Informing and/or training providers about relevant changes, such as new state requirements, new regulations and/or Department policies/procedures;
 - Re-evaluating the providers selected;
 - Notifying providers if terminated or denied selection as a network provider, and
 - Inclusion in DBH process development to streamline client care and reduce barriers to care.
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Related Policy or Procedure

DBH Standard Practice Manual:

- Credentialing Policy ([QM6008](#))
- Credentialing Procedure ([QM6008-1](#))
- Fee For Service Credentialing Procedure ([QM6026](#))
- Ineligible Persons Policy ([COM0933](#))
- Ineligible Persons Procedure ([COM0933-1](#))
- Medical Services Credentialing Procedure ([MDS2021](#))
- Compliance Verification, Monitoring and Auditing Policy ([COM0917](#))
- Waiver for Pre-Licensed/Out-of-State Licensed Ready Psychologists ([HR4011](#))
- Registration and Licensure Requirements for Pre-Licensed Clinical Therapists Policy ([HR4012](#))

San Bernardino County Policy Manual:

- No. 11-01 Procurement, dated February 7, 2019
- No. 11-02 Procurement Code of Ethics, dated February 14, 2017
- No. 11-04 Procurement of Goods, Supplies, Equipment and Services, dated February 7, 2019
- No. 11-04 SP1, Procurement of Goods, Supplies, Equipment and Services, Standard Practice: Best Value Evaluation Process, dated February 14, 2017
- No. 11-04 SP3, Procurement of Goods, Supplies, Equipment and Services, Standard Practice: Pertaining to Policy 11-04 Procurement of Services, dated February 14, 2017

Reference(s)

- Code of Federal Regulations, Title 42, Sections 438.12, 438.214 and 438.230
 - Department of Health Care Services, MHSUDS Information Notice 18-019, Provider Credentialing and Re-Credentialing for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties
 - DMC-ODS Intergovernmental Agreement Exhibit A, Attachment, (I) (II) (E) (5) (a-d)
 - Mental Health Plan Revenue Contract with the Department of Health Care Services for the Provision of Specialty Mental Health Services, Exhibit A, Attachment 1
 - San Bernardino County Purchasing Department, Procurement Manual, Revision date November 2018
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