

M. STAFF QUALIFICATIONS

Each provider is responsible for ensuring that all staff meets the requirements of Federal, State, and County regulations regarding licensure, training, clinician/client ratios and staff qualifications for providing direct client care and billing for treatment services. Documentation of staff qualifications shall be kept on file at the program site. Provider shall adhere to staff qualification standards and must obtain approval from their Program Monitor or designee for any exceptions.

Provider shall comply with the licensing requirements of the California Welfare and Institutions Code Section 5751.2. Provider shall have on file a copy of all staff licenses and relevant certificates of registration with the Board of Behavioral Sciences. For staff positions requiring licensure, all licenses and registrations must be kept current and be in active status in good standing with the Board of Behavioral Sciences.

County-operated programs may undergo Medi-Cal site certifications by the California DHCS and/or SDCBHS. This process includes a review of provider licenses where required. County hiring procedures shall include extensive background checks, including but not limited to, a review of license status, work history and references. Providers shall not be discriminated against on the basis of moral or religious beliefs or their practice of high-cost procedures.

CREDENTIALING AND RE-CREDENTIALING AND PROVIDER ENROLLMENT

San Diego County Behavioral Health Plan (SDCBHP) program for credentialing, re-credentialing and provider enrollment is designed to comply with national accrediting organization standards as well as local, state and federal laws. The process described below applies to all Legal Entities which opted to complete credentialing, recredentialing and provider enrollment using Optum's centralized process.

Please note that Legal Entities are responsible to ensure successful completion of credentialing activities for all new staff upon hire.

Per DHCS Information Notice 20-069, credentialing/recredentialing requirements outlined below are applicable to Medi-Cal Programs and is requiring Licensed, Registered, Certified or Waivered Providers that provide direct billable services to be credentialed and re-credentialed every 3 years.

Credentialing via Optum

Initial credentialing processes begin with submission of completed and signed applications, along with all required supporting documentation. Providers are to call Optum's Behavioral Health Services Credentialing Department at (800) 482-7114 or send a notification email to BHSCredentialing@optum.com. Entities can also choose to work with their assigned Optum Credentialing Representative directly by sending timely notice of any changes in provider status

such as but not limited to terminations, changes in license/registration, new hire notifications, etc.

The credentialing process includes without limitation attestation as to: (a) any limits on the provider's ability to perform essential functions of their position or operational status; (b) with respect to individual practitioner providers, the absence of any current illegal substance or drug use; (c) any loss of required state licensure and/or certification; (d) with respect to individual practitioner providers, any loss or limitation of privileges or disciplinary action; and (f) the correctness and completeness of the application.

Optum will also be conducting primary source verification of the following information:

- Current and valid license to practice as an independent practitioner at the highest level certified or approved by the state for the provider's specialty or facility/program status;
- Professional License current and valid and not encumbered by restrictions, including but not limited to probation, suspension and/or supervision and monitoring requirements;
- Clinical privileges in good standing at the institution designated as the primary admitting facility if applicable, with no limitations placed on the practitioner's ability to independently practice in his/her specialty;
- Graduation from an accredited professional school and/or highest training program applicable to the academic degree, discipline or licensure;
- Board Certification, if indicated on the application;
- A copy of a current Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) Certificate, as applicable;
- No adverse professional liability claims which result in settlements or judgments paid by or on behalf of the practitioner, which disclose an instance of, or pattern of, behavior which may endanger patients;
- No exclusion or sanctions/debarment from government programs;
- Current specialized training as required for practitioners;
- No Medicare and/or Medicaid sanctions.

SDCBHP also requires:

- Current, adequate malpractice insurance coverage;
- Work history (past 5 years) for the provider's specialty;
- No adverse record of failure to follow SDCBHP policies, procedures or Quality Management activities. No adverse record of provider actions which violate the terms of the provider agreement;
- No adverse record of indictment, arrest or conviction of any felony or any crime indicating

patient endangerment;

- No criminal charges filed relating to the provider's ability to render services to patients;
- No action or inaction taken by provider that, SDCBHP's sole discretion, results in a threat to the health or well-being of a patient or is not in the patient's best interest;
- Residential Programs (facilities) must be evaluated at credentialing and re-credentialing. Those who are accredited by an accrediting body accepted by Optum (currently JCAHO, CARF, COA and AOA) must have their accreditation status verified. On-accredited Residential Facilities/Sites providers must provide documentation from most recent audit performed by DHCS, DHS or CMS as applicable.

Re-credentialing via Optum

SDCBHP requires that individual practitioners and Residential Programs Sites undergo re-credentialing every three (3) years.

Re-credentialing will begin approximately six (6) months prior to the expiration of the credentialing cycle.

Required documentation includes without limitation attestation as to: (a) any limits on the participating provider's ability to perform essential functions of their position or operational status; (b) with respect to individual practitioner participating providers, the absence of any current illegal substance or drug use; and (c) the correctness and completeness of the application (including without limitation identification of any changes in or updates to information submitted during initial credentialing).

Failure of a participating provider to submit a complete and signed re-credentialing application, and all required supporting documentation timely and as provided for in the re-credentialing application and/or requests from Optum, may result in termination of participation status with SDCBHP and such providers may be required to go through the initial credentialing process.

Credentialing information that is subject to change must be re-verified from primary sources during the re-credentialing process. The practitioner must attest to any limits on his/her ability to perform essential functions of the position and attest to absence of current illegal drug use.

Provider Enrollment via Optum

Consistent with [DHCS Information Notice 20-071](#), Optum will enroll all applicable network providers, including individual rendering providers, through the [DHCS Provider Application and Validation for Enrollment \(PAVE\) portal](#). Billing providers are subject to the rules, processing requirements, and enrollment timeframes defined in Welfare and Institutions Code Section 14043.26, including the timeframe within Section 14043.26(f) that generally allows DHCS up to

180 days to act on an enrollment application. For Applicable Providers, Optum's Enrollment Coordinator will begin an Ordering Referring Prescribing (ORP) Application or an Affiliation Application as applicable in PAVE within 5 business days from the date the provider returned an application for credentialing complete to Optum. Providers will receive an email from PAVE asking them to log in and respond to the disclosure questions and sign their application. Providers shall respond to the notification email from PAVE and complete their application within 5 business days.

Delegates and Delegation

Entities –that have opted to be delegates for credentialing their own providers will have to adhere and continue adherence to state and local regulations, SDCBHP requirements, and National Committee of Quality Assurance Standards (NCQA) while performing their duties as Credentialing Delegates.

Delegated Entities will be audited by Optum on behalf of the County of San Diego County Behavioral Health Services and must receive a score of 85% or higher as a result of each audit. The Delegation Oversight Audits will be on an annual basis and Delegated Entities will receive at a minimum thirty (30) days prior notice to allow for proper preparation. Any scores below 85% will be given Corrective Action Plans to address any deficiencies and to ensure continuance of the programs' integrity and compliance.

Delegated Entities shall be responsible for enrolling all applicable new and existing providers through the [DHCS Provider Application and Validation for Enrollment \(PAVE\) portal](#) and maintain compliance with the requirements outlined in [DHCS Information Notice 20-071](#)

ADULT AND CYF SYSTEMS OF CARE

PROFESSIONAL LICENSING WAIVER REQUIREMENTS

Professional Licensing Waiver Guidelines -Welfare and Institutions Code (W&IC) Section 5751.2.

Complete professional licensing waiver requirements and instructions on how to request these waivers are available in DMH Letter 20-069:

<https://www.dhcs.ca.gov/Documents/BHIN-20-069-Mental-Health-Professional-Licensure-Waiver.pdf>. This document is also posted on the OPTUM website.

Waiver Eligibility:

Professional License Waivers are required for persons employed or under contract to provide Medi-Cal SMHS for a MHP or community mental health services: 1) as psychologists who are

gaining the “experience required for licensure”; or 2) 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 requirements of Bus. & Prof. Code section 2914, subdivision (d).
- Upon application, DHCS shall grant a PLW to the following eligible individuals:
 1. Unlicensed individuals who: i. Have earned a doctorate degree from an accredited or approved university, college, or professional school as set forth under Bus. & Prof. Code section 2914, subdivisions (b)-(c), in the following subject areas: (1) psychology, (2) educational psychology, or (3) education with the field of specialization in counseling psychology or educational psychology;
 2. Have completed at least a minimum of 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship or dissertation), as required by Title 16 of the California Code of Regulations (CCR), section 1387(a)(1), from an accredited or approved university, college, or professional school as set forth under Bus. & Prof. Code section 2914, subdivisions (b)-(c), in the following subject areas: (1) psychology, (2) educational psychology, or (3) education with the field of specialization in counseling psychology or educational psychology;

AND

3. Will be employed or under contract to provide Medi-Cal SMHS or community mental health services under the BMA as psychologists for the purpose of acquiring the supervised professional experience (SPE) required for licensure, as required by Bus. & Prof. Code section 2914, subdivision (d)(1) and CCR, Title 16, section 1387; and
4. Will provide Medi-Cal SMHS or community mental health services under the BMA under the clinical supervision of an approved licensed psychologist (or other supervisor approved by the Board of Psychology).

Waiver Duration:

- PLWs granted by DHCS are valid for five (5) years from the first date of employment by, or contract with, a local mental health program, including a MHP or county mental health department, or their subcontractor, or until the individual seeking waiver obtains 4 appropriate licensure, whichever occurs first PLWs cannot be extended beyond this five-year timeframe and must run continuously from the start date.

How To Apply:

- The director or designee of a MHP or county mental health department may apply for a PLW. The employer may not allow an individual seeking a waiver to begin work for which a license or waiver is required until DHCS has approved the PLW application. Applicants must complete and submit [DHCS Form 1739](#) to the Department.
 1. For individuals that are employed or under contract to provide Medi-Cal SMHS or community mental health services, and are working to complete their post-doctoral SPE as defined by CCR, Title 16, section 1387, subdivision (a)(2):
 - o A certified copy of the individual's most current doctoral program transcript from an accredited or approved educational institution that meets the requirements within Bus. & Prof. Code section 2914, subdivisions (b)-(c). The transcript must include the individual's full name and demonstrate that the individual has completed the doctoral program.
 2. For individuals that have completed 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship or dissertation), are employed or under contract to provide Medi-Cal SMHS or community mental health services, and are working to complete up to one year of pre-doctoral SPE as defined by CCR, Title 16, section 1387, subdivision (a)(1):
 - o A certified copy of the individual's most current doctoral program transcript from an accredited or approved educational institution that meets the requirements within Bus. & Prof. Code section 2914, subdivisions (b)-(c). The transcript must include the individual's full name and demonstrate that the individual has completed a minimum of 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship or dissertation).
 3. Psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who have been recruited for employment from outside of California, are employed or under contract to provide Medi-Cal SMHS or community mental health services, and whose experience is sufficient to gain admission to the appropriate California licensing examination for their profession:
 - o Notification from the appropriate California licensing board that the individual has been accepted to sit for the applicable California licensing exam for their profession. A copy of the email from the licensing board confirming the individual's licensing exam date is sufficient to meet this requirement.

The application and supporting documentation must be submitted via email to MH LicensingWaivers@dhcs.ca.gov.

The following general points should be noted:

- Mental Health Plans (MHPs) should submit and receive approval for waivers under subdivisions 5751.2(d) [psychologist candidates] and 5751.2(e) [candidates recruited from outside California whose experience is sufficient to gain admission to the appropriate licensing examination] prior to allowing candidates to begin work for which a license or waiver is required.
- Waivers are not transferable from one MHP to another. If an individual who obtained a waiver while working for one MHP terminates employment and is subsequently hired by a second MHP, an application for a new waiver must be submitted by the second MHP prior to allowing the candidate to begin work for which a license or waiver is required.
- When requesting a waiver under a new MHP, the applicant must complete the DHCS-1739 form including the following information: name, name of county where services are provided, new employer contact, and applicant return address.
- If an applicant changes employer within the same county/MHP no notification to DHCS is needed and a reapplication is not required.
- Once a waiver is granted, the waiver period runs continuously to its expiration point unless the MHP requests that it be terminated earlier.

Use the “DHCS 1739 Mental Health Professional Licensing Waiver Request” form (and instruction sheet) which can be found on the Optum website, MHP Provider Documents, Forms Tab. Please review the instructions prior to faxing the waiver requests to the QA Unit, Attn: Waiver Requests at (619) 236-1953 or email documents to QIMatters.hhsa@sdcounty.ca.gov. For additional questions, please contact your QA Specialist.

Clearances for Work with Minors

Contractor’s employees, consultants, and volunteers, who work under given contract and work directly with minors, shall have clearances completed by the contractor prior to employment and annually thereafter.

- Employees, consultants, and volunteers shall successfully register with and receive an appropriate clearance by “Trustline” (<http://www.trustline.org/>) or equivalent organization or service that conducts criminal background checks for persons who work with minors. Equivalent organizations or services must be approved by the COR prior to use by contractor.
- Employees, consultants, and volunteers shall provide personal and prior employment references. Contractor shall verify reference information, and employees, consultants,

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and volunteers shall not have any unresolved negative references for working with minors.

- Contractor shall immediately remove an employee, consultant, or volunteer with an unresolved negative clearance.

Documentation and Co-Signature Requirements

Staff that provide mental health services are required to adhere to certain documentation and co-signature requirements. For the most current information on co-signature requirements, please refer to the Uniform Clinical Record Manual. This manual will instruct staff on form completion timeframes, licensure and co-signature requirements, and staff qualifications necessary for completion and documentation of certain forms.

<p>In general, staff that hold the license of an M.D., D.O., N.P., R.N., Ph.D., Registered Psychological Associate, LCSW, LPCC, or MFT do not require a co-signature on any documentation in the medical record. This also holds true for registered associates with the Board of Behavioral Sciences (ASW, APCC or AMFT), or staff waived according to State guidelines. These above referenced staff may also provide the co-signature that is required for other staff. Staff that does not meet the minimum qualifications of an MHRS shall have adequate clinical supervision and co-signatures from a licensed/registered/waivered staff.</p> <p style="text-align: center;">CO-SIGNATURE REQUIREMENTS (From Documentation and Uniform Clinical Record Manual)</p>			
<p>YES - co-signature required NO - co-signature <u>not</u> required N/A - credential cannot provide service</p>			
STAFF DISCIPLINE	Behavioral Health Assessment	Client Plan	Discharge Summary
M.D.	NO	NO	NO
Doctor of Osteopathic Medicine (D.O. or DO)	NO	NO	NO
Ph.D. Psy.D licensed/waivered/Registered Psychological Associate	NO	NO	NO
Ph.D. Psy.D registered	YES	YES	YES
LCSW, LMFT licensed/registered/waivered	NO	NO	NO
Licensed Professional Clinical Counselor (LPCC) Associate Professional Clinical Counselor (APCC)	NO	NO	NO
Nurse Practitioner (NP)	NO	NO	NO
Registered Nurse (RN) **See consideration below	NO	NO	NO

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Licensed Vocational Nurse (LVN)	YES	YES	YES
Licensed Psychiatric Technician (LPT)	YES	YES	YES
Mental Health Rehab Specialist (MHRS) <i>ADULT programs</i>	YES	YES	YES
Mental Health Rehab Specialist (MHRS) <i>AOA/CYF programs</i>	YES	YES	YES
Clinical Trainees include the allowed disciplines: MFTCT, SWCT, PCCCT, PSYCT	Yes	Yes	Yes
Other Qualified Provider	N/A	N/A	N/A
** According to DHCS guidelines, providing a mental health diagnosis is out of the scope of practice of R.N., LVN, MHRS and LPT staff.			

For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, “registered” means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations and “waivered” means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

A Clinical Trainee is an unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Mental Health Professional or Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual’s program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements. The county must ensure that the clinician supervising the Clinical Trainee meets the minimum qualifications described by the applicable licensing board.

Short Doyle will validate the supervisor’s NPI against the data in the National Plan & Provider Enumeration System (NPPES). Claims for Clinical Trainees that do not contain a valid supervisor’s NPI will be denied.

Clinical Trainees must be under formal agreement between the Masters' program and the Provider to serve as clinical trainees. This agreement allows for the Clinical Trainee staff, at the program's discretion, to complete documentation such as the Behavioral Health Assessment, Client Plan, Discharge Summary, and Progress notes with a co-signature.

It is out of scope for a MHRS/LVN/LPT to complete the assessment for MSE or diagnostic impressions. The assessment for MSE and diagnostic impressions must be completed by a licensed/registered/waivered clinician. When a MHRS/LVN/LPT has completed the BHA, they may do either of the following:

- 1. Complete the sections of the BHA within their scope and save the BHA. The licensed, registered/waivered clinician will then complete the MSE and assessment for diagnostic impressions with the client and enter into the saved BHA MSE and Clinical Formulation section along with indicating that they completed the MSE and assessment for diagnostic impressions with the client.

Or

- 2. The MHRS/LVN/LPT will complete the sections of the BHA within their scope. They will acquire a co-signature followed by final approval. The licensed, registered/waivered clinician would be required to open another BHA and complete the MSE and assessment for diagnostic impressions, indicate that they completed the MSE and assessment for diagnostic impressions with the client, sign and final approve.)

Staff Supervision and Management Requirements

- Programs must provide supervision in amount and type that is adequate to ensure client safety, maximize gains in functioning, and meet the standards of the professions of those staff employed in the program.
- Programs who employ waived/registered staff receiving supervision for licensure must offer experience and supervision that meet the requirements of the licensing board to which the person is registered.
- Contractor shall ensure provision of required supervision for Nurse Practitioner staff or intern.
- Supervisors may supervise up to 8 clinical staff (licensed, registered, waived, and Clinical Trainees) and up to 12 total staff, to include clinical staff.
- Programs must provide adequate training, supervision, and co-signatures by a licensed/registered/waivered staff for staff that does not meet the minimum qualifications of an MHRS.
- Any exceptions to these requirements must be approved by the COR.

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- Contractor shall notify COR prior to personnel change in the Program Manager position. A written plan for program coverage and personnel transition shall be submitted to COR at least 72 hours prior to any personnel change in the Program Manager position.
- In addition, the resume of the candidate for replacement shall be submitted to the COR for review and comment at least 72 hours prior to hiring.
- Program shall provide the COR an organizational chart identifying key personnel and reporting relationships within 72 hours of any changes to organizational structure.

Staffing Requirements

- All providers shall have staff in numbers and training adequate to meet the needs of the program's target population.
- Psychiatry time: Day Treatment programs, including Intensive and Rehabilitation, shall have psychiatry time sufficient to provide psychiatrist participation in treatment reviews, plus one hour per week for medication management per 8 clients on medication (Intensive) or 10 clients on medication (Rehab). Outpatient programs must also have psychiatry time sufficient to allow the psychiatrist's participation in treatment reviews, especially where medications may be discussed, plus up to one hour per month for each new client to be assessed and one half hour per month per client on medications, for medication follow up.
- Head of Service and providing clinical direction: Most programs' contracts require that the Program Manager (Head of Service) be licensed. If the Program Manager is not licensed, there must be a Clinical Lead who can provide clinical supervision and perform certain tasks, such as diagnosing, that are within the scope of practice of licensed and waived persons.
- Day Treatment staffing: per the requirements of Title 9, the program must maintain a client to staff ratio of 8:1 (for Intensive programs) and 10:1 (for Rehab programs) at all times. Staff counted in the ratio must be Qualified Mental Health Professionals or licensed or waived. In addition, County guidelines require that at least half the clinical staff in Intensive programs be licensed/waived.
- Short Term Residential Treatment Program (STRTP) staffing: per Interim STRTP Regulations (Version II), STRTP shall have at least one full-time equivalent STRTP mental health program staff from the following list for each six children or fraction thereof admitted to the program.
 - i. Physicians
 - ii. Psychologist: licensed or waived,
 - iii. LCSW, LMFT, and LPCC: licensed/registered/waived

- iv. RN
- v. LVN
- vi. Psychiatric Technicians
- vii. MHRS

- Outpatient providers' ratio of clinicians/therapists to Clinical Trainees shall be no more than 1:3 FTE, i.e., there must be at least one FTE licensed clinician per 3 FTE Clinical Trainees. Clinical Trainees may provide psychotherapy services, under the close supervision of the clinician/therapist.
- CYF Contractors shall **budget 49 unduplicated clients per direct clinical FTE** (excluding trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization, noting that billable minutes based on the 1:40 ratio shall be maintained.
- Contractor AOA programs shall follow client to direct clinical FTE ratios as outlined in executed contract exhibits A & C.
- Interdisciplinary Teams: Programs must have an interdisciplinary team, mandated by standards of participation within the program SOW. Members must participate in the regularly scheduled interdisciplinary team meetings where cases are reviewed.
- Any exceptions to these requirements must be approved by the COR.

Use of Volunteers and Clinical Trainees

- Provider shall utilize family and community members as volunteers in as many aspects of the programming as possible, including teaching a special skill and providing one-on-one assistance to clients. Particular emphasis shall be made to recruit volunteers from diverse communities within program region.
- Provider shall have policies and procedures surrounding both the use of volunteers and the use of employees who are also clients/caregivers.
- Licensed staff shall supervise volunteers, students, interns, mental health clients and unlicensed staff involved in direct client care.
- Clinical Trainees assigned to a program must have on file the written agreement between the school and agency with specific timelines which will act to demonstrate the official intern status of the student which determines scope of practice. Copy of document can be maintained in the Signature Log which often stores copies of staff qualifications.
- Signature Log and Documentation of Qualifications

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- Each program shall maintain a signature log of all individuals who document in the medical record.
- Signature log contains the individual's typed/printed name, credentials/job title and signature.
- Included with the signature log, or in another accessible location, a copy of each individual's qualifications shall be stored (license, registration, waiver, resume, school contract, high school or bachelor's degree, documentation of COR waiver, etc.). This documentation is used to verify scope of practice.
- Program is responsible to ensure that current copy of qualifications (i.e., license, registration, etc.) is kept on file. Expired documents are to be maintained as they demonstrate qualifications for a given timeframe.

SIGNATURE ENTRIES AND COPIES OF QUALIFICATIONS OF STAFF THAT ARE NO LONGER EMPLOYED BY THE PROGRAM ARE TO BE MAINTAINED, AS THEY DOCUMENTED IN THE MEDICAL RECORD. ADULT /OLDER ADULT SYSTEM OF CARE

Staffing

Commensurate with scope of practice, mental health and rehabilitation services may be provided by any of the following staff:

- Physician
- Licensed/Registered/Waivered Psychologist
- Registered Psychological Associate
- Licensed/Registered/Waivered Clinical Social Worker
- Licensed/Registered/Waivered Marriage and Family Therapist
- Licensed/Registered/Waivered Professional Clinical Counselor
- Nurse Practitioner
- Registered Nurse
- Licensed Vocational Nurse
- Licensed Psychiatric Technician
- Mental Health Rehabilitation Specialist (*see definition below*)
- Other Qualified Provider (An individual at least 18 years of age with a bachelor's degree, high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or care giver of a service recipient), or related secondary education. (see supervision and co-signature requirements)

Mental Health Rehabilitation Specialist (MHRS). A mental health rehabilitation specialist is an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis. Up to two years of post-associate arts clinical experience may be substituted for the required educational experience (as defined in Title 9) in addition to the requirement of four years of experience in a mental health setting.

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- Contractor's program staff shall meet the requirements of Title 9, Division 1, Article 8 and Title 9, Chapter 11 of the California Code of Regulations as to training, licensure, and clinician/client ratios. All staff shall operate within the guidelines of ethics, scope of practice, training and experience, job duties, and all applicable State, Federal, and County standards. Contractor shall provide sufficient staffing to provide necessary services and Medicare approved services to Medicare covered clients. Current and previous documentation of staff qualifications shall be kept on file at program site.
- Psychotherapy shall be performed by licensed, registered, waived, or Clinical Trainee (with co-signature by LPHA) staff in accordance with State law.
- Psychiatrists shall have completed a training program in a child or adolescent specialty (must be Board eligible in child and adolescent or adolescent psychiatry), for programs that serve youngsters under 13 years of age, or have 5 years of experience offering psychiatric services to children and adolescents. Any exception to this must be approved by the Mental Health Services Clinical Director and the COR.
- Nurses and Psychiatric Technicians may bill Medication Support to Medi-Cal under the Medication Training and Support service code, as long as the service provided is within the individual's scope of practice and experience and documentation supports the service claimed. Qualified Mental Health Professionals (QMHP) / Mental Health Rehabilitation Specialist who provide direct, billable service must hold a BA and 4 years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirements on a year for year basis. Up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years of experience in a mental health setting. Staff work under the direction of a licensed or waived staff member.
- Other Qualified Provider also referred to as Para Professional (An individual at least 18 years of age with a bachelor's degree, high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or care giver of a service recipient), or related secondary education.

- Family / Youth Support Partners who provide direct, billable service must have direct experience as the parent, care giver, or consumer in a public agency serving children, and demonstrate education and/or life experience commensurate with job duties. Youth (at least 12 years of age and up to 25 years of age) must meet work permit requirements when applicable. Partners must receive ongoing training and work under the direction of a licensed or waived staff member.
- All direct service staff shall have had one year of supervised experience with children and adolescents.
- Any exceptions to these requirements must be approved by the COR.

Peer Support Services

Provision of Peer Support Services.

Peer Support Services may be provided face-to-face, by telephone or by telehealth with the beneficiary or significant support person(s) and may be provided anywhere in the community.

Peer Support Specialists.

Contractor shall ensure that Peer Support Services are provided by certified Peer Support Specialists as established in BHIN 21-041.

Behavioral Health Professional and Peer Support Specialist Supervisors.

The Contractor shall ensure that Peer Support Specialists provide services under the direction of a Behavioral Health Professional. A Behavioral Health Professional must be licensed, waived, or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of SMHS and DMC-ODS. Peer Support Specialists may also be supervised by Peer Support Specialist Supervisors, as established in BHIN 21-041.

Practice Guidelines.

Peer Support Specialists are required to adhere to the practice guidelines developed by the Substance Abuse and Mental Health Services Administration, What are Peer Recovery Support Services (Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services), which may be accessed electronically through the following Internet World Wide Web connection:

www.samhsa.gov/resource/ebp/what-are-peer-recovery-support-services.

Peer Support Specialist Certification Qualifications

- Be at least 18 years of age
- Possess a high school diploma or equivalent degree

- Be self-identified as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver or family member of a consumer.
- Be willing to share their experience
- Have a strong dedication to recovery
- Agree, in writing, to adhere to a code of ethics
- Successfully complete the curriculum and training requirements for a peer support specialist
- Pass a certification examination approved by DHCS for a peer support specialist

Legacy Clause and Out of State Reciprocity

Criteria for individuals who are employed as a peer as of January 1, 2022, or individual certified out of state and are seeking to be certified:

- 1 year of paid or unpaid work experience (1550 hours) as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics.

OR

- 1550 hours in 3 years, with 500 hours completed within the last 12 months, working as a peer specialist AND 20 hours of continuing education (CEs), including law and ethics.

And has all of the following:

- Completion of a peer training(s)
- 3 Letters of Recommendation as outlined:
 - i. One from a supervisor
 - ii. One from a colleague/professional
 - iii. One self-recommendation describing their current role and responsibilities as a peer support specialist
- Pass the Medi-Cal Peer Support Specialist Certification Program Exam

Peer Support Specialist Supervisors

Supervisors must meet one of the following criteria:

- Have a Medi-Cal Peer Support Specialist Certification Program certification; have two years of experience working in the behavioral health system; and have completed a DHCS approved peer support supervisory training curriculum.

Or

- Be a non-peer behavioral health professional (including registered & certified SUD counselors) who has worked in the behavioral health system for a minimum of two years and has completed a DHCS approved peer support supervisory training.

Or

- Have a high school diploma or GED, four years of behavioral health direct service experience that may include peer support services; and have completed an approved peer support supervisory training curriculum.