Instructions on how to fill out San Mateo County BHRS MH Credentialing Form

Form is filled out by Supervisor and the provider section is best filled out by the provider.

Form is located at: https://www.smchealth.org/bhrs/avataraccess

The "**San Mateo County BHRS MH Credentialing Form"** is used for all direct service staff, new avatar users, and updates to current providers and avatar users within the BHRS network including: BHRS direct service staff, all administrative staff/support staff that will have access to AVATAR, all contracted providers that are direct service staff for which services will be billed to San Mateo County BHRS, contacted providers and partner that will have avatar access, and all NEW SPPN providers.

Complete the form completely. For direct service staff all sections must be completed. For Administrative only staff skip page two, the "DIRECT SERVICE STAFF INFORMATION" section, complete page one all sections. Supervisor please fill-out the sections (checks the NPPES, DCA) and provide to your new hire to contribute, review and send completed form to QM.

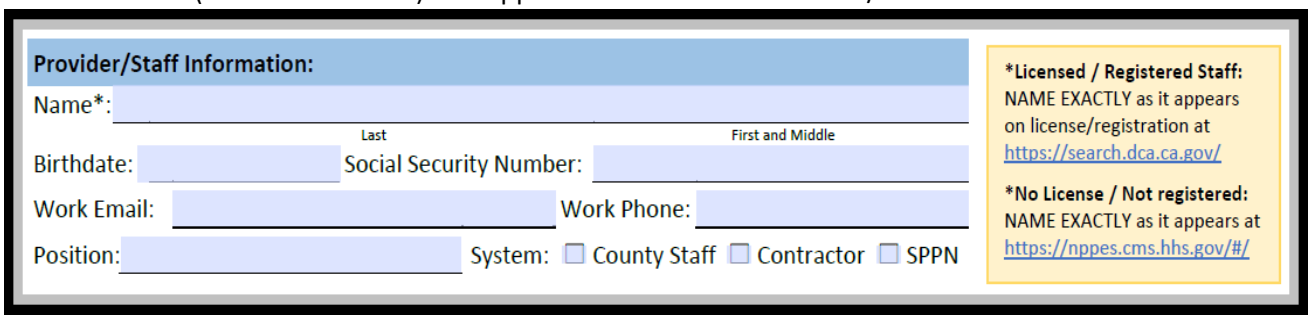
Email: HS_BHRS_QM@smcgov.org

INCLUDE OFFICIAL PRINTOUT OF: LICENSES/REGISTRATION, NPI, DEA CERTIFICATE, MEDICARE (PTAN)

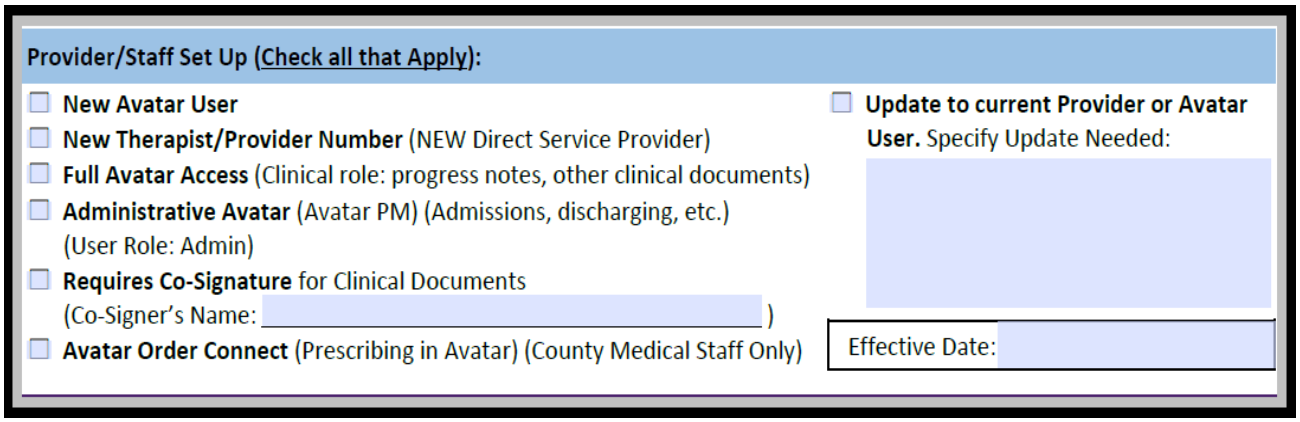
1. **INSTRUCTIONS TO IT TEAM FOR SET UP:** This is provided to allow you to add special instructions to the avatar team. Example; staff has additional role/location of supervisor.

2. **PROVIDER/STAFF INFORMATION**

Name: Last First Middle: Direct service providers: If licensed, name should be exactly as it appears on license/certification. Also, exactly as it appears at the NPPES.
For Admin staff (non-licensed staff) as it appears on their driver's license/CA ID.



3. **PROVIDER/STAFF SET UP**



4. **POSITION WORK PROGRAM:** Location is usually your Program "Central Adult" or "PV" if there is no program write in office address.

Program/Work Site Information:

Agency Name: _____ Program Name: _____

Location/Address: _____ Work Zip Code: _____

☐	*AARS (no location role)*	☐	*Fred Finch (no location role)*	☐	*Rebekah Children's Services (no location)*
☐	*Caminar (caminar)*	☐	*Front Street (no location role)*	☐	*StarVista (svgirls)*
☐	*Children's Health Council (no location)*	☐	*Mateo Lodge (mateolodge)*	☐	*StarVista Women's Enrichment Center*
☐	*Cordilleras (cordilleras)*	☐	*Mental Health Association (mha)*	☐	*Telecare (telecare transitions)*
☐	*Daly City Youth (no location role)*	☐	*Prep/Beam (no location role)*	☐	*Youth Service Bureau (no location role)*
☐	*Edgewood (edgewood)*	☐	*Psynergy (no location role)*	☐	*Other (Specify):*

5. **DIRECT SERVICE STAFF INFORMATION:** This section is filled out by all direct service providers including Contractors, County Staff, SPPN regardless of if they will have Avatar Access or not.
It is best filled out by the Provider, with assistance from the supervisor as needed.
   - Supervisors would know the answers to Telehealth, Filed Based, estimated # hours a week working with San Mateo Medi-Cal Clients, Provider Practice Area Focus for your program.
   - For a full-time clinician working in a MH clinic at the county it would be 40 hours.
   - Distance (Range) Travels to Provide Field Based Services: This is an estimate of the area-range the provider will travel to provide services at the client's home, school, or other field-based location. Most put 30 miles.
   - Provider would answer the other questions: Gender, language, ethnicity, area of expertise based on training and experience.

Direct Service Staff Information

Demographic Information

Gender
- ☐ M
- ☐ F
- ☐ Transgender (MtoF)
- ☐ Transgender (FtoM)
- ☐ Queer
- ☐ Another Gender
- ☐ Undisclosed

Language (FLUENT - Provides Services)
- ☐ American Sign Language
- ☐ Chinese
- ☐ Spanish
- ☐ Tagalog
- ☐ Tongan
- ☐ Other Language(s)_____

Ethnicity/Race
- ☐ White/Caucasian
- ☐ Hispanic or Latino
- ☐ Black-African-American
- ☐ Asian-Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Pacific Islander
- ☐ Vietnamese
- ☐ Other Asian
- ☐ American Native
- ☐ Unknown
- ☐ Multiple
- ☐ Other Race(s)_____

Details of Service to be Provided

# of Hours per week serving SM Medi-Cal Clients: _____	**Telehealth** ☐ Yes ☐ No	**Field-Based** ☐ Yes ☐ No	**If Field-Based:** Distance (Range) Travels to Provide Field-Based Services: _____

Areas of Expertise

Cultural Competence Training (within last year): ☐ Yes ☐ No

MENTAL HEALTH AREA OF EXPERTISE: ☐ Child ☐ Adult ☐ TAY ☐ Older Adult ☐ Substance Abuse ☐ Veterans

PROVIDER PRACTICE FOCUS (Please select up to 5 that apply):

- ☐ Adjustment Disorders
- ☐ Anxiety Disorders
- ☐ Depressive Disorders
- ☐ Bi-polar Disorders
- ☐ Mood Disorders
- ☐ Anxiety Disorders
- ☐ Personality Disorder
- ☐ Somatoform Disorders
- ☐ Factitious Disorders
- ☐ Dissociative Disorders
- ☐ Eating Disorders
- ☐ Sleep Disorders
- ☐ Delirium
- ☐ Substance-Related Disorders
- ☐ Schizophrenia-Other Psychotic Disorders
- ☐ Dementia, and Amnestic and other Cognitive Disorders
- ☐ Mental Disorders Due to a General Medical Condition
- ☐ Sexual and Gender Identity Disorders
- ☐ Disorders Usually First Diagnosed Infancy, Childhood, Adolescence
- ☐ Impulse-Control Disorders Not Otherwise Elsewhere Categorized

6. **NATIONAL PROVIDER IDENTIFIER:** To verify NPI, Taxonomy, and License go to the websites listed below. Print/PDF copy of license and NPI. To get the Issuance Date for Reg/Licensed staff, click on once you bring up the providers license at https://search.dca.ca.gov/ click "More Details." Print/PDF that screen.

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IMPORTANT: If the provider's NPI Taxonomy in not consistent with the table below for their position the provider should correct their NPI Taxonomy, print out the updated NPI and Taxonomy before submitting this form.

No License/Regs: NAME EXACTLY as it appears at https://nppes.cms.hhs.gov/#/
When printing licensed from https://search.dca.ca.gov/ click on details to get additional information.
Licensed/Registered Staff: NAME EXACTLY as it appears on license/registration at https://search.dca.ca.gov/

National Provider Identifier (NPI) – All Providers					
NPI #:		Taxonomy Code:			
License/Registered Providers – Lic/Reg #:		Issuance Date:		Expiration Date:	

Chart: Guide to Taxonomy category (Page three of the credentialing form)

	PRACTITIONER CATEGORY (PRINTS ON DOCUMENTS)	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRESS NOTES) MS	PROFESSIONAL USER ROLES CONTROLS CLINICAL DOC not PN) AVATAR user	TAXONOMY CODE	Verify License	Board
	ADMINISTRATOR- ADDITIONAL USER ROLES May be added	N/A	OTHER	ADMIN	None	None	None
	ACSW (ASSOCIATE CLINICAL SOCIAL WORKER)	(2) SOCIAL WORKER – ASW	SOCIAL WORK	CLINICIAN	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
	AMFT (ASSOCIATE MARRIAGE FAMILY THERAPIST)	(3) CLINICIAN THERP-AMFT,LMFT,LPCC,APCC	FAMILY THERAPIST	CLINICIAN	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
	APCC (ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR)	(3) CLINICIAN THERP-AMFT,LMFT,LPCC,APCC	FAMILY THERAPIST	CLINICIAN	101Y	https://search.dca.ca.gov/	Behavioral Sciences
	LCSW (LICENSED CLINICAL SOCIAL)WORKER	(1) LICENSED CLINICAL SOCIAL WORKER (LCSW)	SOCIAL WORK	CLINICIAN	1041C0700X	https://search.dca.ca.gov/	Behavioral Sciences

7. DIRECT SERVICE STAFF CREDENTIALS/ POSITION

Direct Service Staff Credentials / Position									
General Providers (Other)									**User Role: COMMUNITY WORKER**
☐ Community Worker	☐ MSW (Masters Social Work)			☐ Peer Support Worker			☐ Mental Health Rehabilitation Specialist		
☐ Counselor	☐ Mental Health Counselor			☐ Family Partner			☐ LEP		
Peer Support Specialist									**User Role: PEER SUPPORT SPECIALIST**
☐ Peer Support Specialist									
Clinicians									**User Role: CLINICIAN**
☐ ASW	☐ AMFT	☐ APCC	☐ LMFT	☐ LCSW	☐ LPCC	☐ Psychologist	☐ Reg Psychologist	☐ Reg Psychological Associate	
Clinicians (STUDENT Clinician)	☐ Clinician Student Intern								**User Role: MATRAINEE**
Medical Nursing Providers									**User Roles**
Psychiatry	☐ MD - Psychiatrist	☐ DO - Psychiatrist	☐ MD	☐ NP	☐ NPF	☐ PMH	☐ Physician Assist		**MDSRNS**
Nurse	☐ RN								**RNSNOMHMASTERS**
Nurse Psy	☐ RN, MS (RN, MS PSY)	☐ CNS							**RNSMHMASTERS**
LPT	☐ LPT	☐ LVN							**LPT**
Residents	☐ MD – Resident Post-Graduate Training License (PTL)			☐ RN-Intern-NP					**MD RESIDENT**
	☐ DO – Resident Post-Graduate Training License (PTL)								
	☐ MD - Psychiatrist - Resident								**MDSRNS**

8. PRESCRIBER LICENSE/ CERTIFICATION INFORMATION

This Section is for MediCare: Only applies to MD, NP, LCSW.

Prescriber License / Certification Information – Prescribers Only			
Medicare PTAN Information:		**Effective Date:**	
DEA # (MD/DO/NPF):		**MD Board Certified?** ☐ Yes, Board:	

This section is completed by MD/DO and NP staff only

DEA #(MD/OD/NPF)_____ MDBoard Certified: ☐Yes,Board:_____

9. **SUPERVISOR INFORMATION**. Staff is not required to sign form.

Supervisor Information:			
Direct Supervisor Name:		Direct Supervisor Email:	
Name of Supervisor Completing this Form:		Date of Request:	

Provider/Staff:		Supervisor Completing Form:		Date of Request:	