SECTION II – THE PROVIDER NETWORK

The Local Mental Health Plan (LMHP) Provider Network is comprised of licensed mental health professionals whose scope of practice permits the practice of psychotherapy independently. Network providers may be psychiatrists (MD/DO), psychologists (PhD/PsyD), licensed clinical social workers (LCSW), licensed marriage and family therapists (MFT), or registered nurses (RN) who are board certified with a master's degree in psychiatric/mental health nursing as a clinical nurse specialist or as a nurse practitioner. Nurses and Nurse Practitioners must be certified by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP) in behavioral health.

All mental health providers must be credentialed and contracted with the LMHP to receive reimbursement for specialty mental health services provided to Los Angeles County Medi-Cal beneficiaries. Credentialed providers may contract with the LMHP as an individual provider or render services as part of a contracted group. A group is comprised of two or more licensed, credentialed mental health providers. All members of the group must be credentialed by Los Angeles County - Department of Mental Health (LAC - DMH), Health Access and Integration Division (HAI) for either inpatient and/or outpatient services. Sub-contracting is not permitted in this Professional Service Agreement.

CREDENTIALING

Credentialing is the formal process of collecting and verifying the professional credentials and qualifications of licensed providers and evaluating them against the standards and requirements established by the LMHP to determine whether such licensed providers meet these standards and requirements. Before an LMHP network applicant can be offered a LAC - DMH contract, he or she must apply for enrollment in the State Medi-Cal program and be free and clear of any Medi-Cal related adverse actions.

Network providers are required to re-credential every three years to continue to participate in the LMHP Provider Network.

Mental health providers may request assistance with Credentialing by contacting the Provider Relations Unit (PRU) by phone or email at (213) 738-3311 or FFS2@dmh.lacounty.gov. They will connect you with our DMH Credentialing Unit. It is the responsibility of the mental health provider to respond to all communication from the credentialing unit in a timely manner to complete the credentialing process. If a provider is not credentialed, they will not be able to contract with the LMHP. PRU will send a notification to our Contracts Development and Administration Division (CDAD) once the provider is successfully credentialed.

Documentation from the appropriate licensing board is required if disciplinary action has been taken or is pending against a provider. Applicants will also be required to attest that they have downloaded and read the LMHP Provider Manual. The manual can be downloaded at: https://dmh.lacounty.gov/pc/cp/ffs2/ Under "Manuals and Guides".

Group network providers must include two or more credentialed mental health providers. A potential group provider may request a group Network Provider Application form by contacting the PRU at (213) 738-3311 or FFFS2@dmh.lacounty.gov. The following information will be required on the group application:

- name and address of the group;
- group Medi-Cal provider and NPI numbers;

- names of the rendering providers in the group and their Medi-Cal provider & NPI numbers; and
- name of the person in the group authorized to enter into legal agreements.

Once a group provider is contracted with the LMHP and chooses to add new members, they must first contact the PRU and provide information about the member. The PRU will then connect the new member to the Credentialing Unit. An updated group application will be completed with the new members once the new member has been credentialed.

Note: It is the network provider's responsibility to maintain current credentials. A LMHP network provider's failure to maintain current credentials will result in the termination of reimbursement privileges for specialty mental health services rendered to Medi-Cal beneficiaries. Dates of service upon which a network provider has experienced a break in active credentialing status will not be subject to retroactive reimbursement. Even if a contract is in place at the time credentials lapse, the contract is considered in default, and claims will not be reimbursed until the provider's credentials are renewed.

The County shall not be responsible to provide or arrange and pay for Specialty Mental Health Services provided by Federally Qualified Health Centers, Indian Health Centers, or Rural Health Centers.

All providers must report their DUNS (Dun & Bradstreet) number, which uniquely identifies providers in the claims submission processing. The following website allows you to register for the DUNS number: http://www.sba.gov/content/getting-d-u-n-s-number In addition to including your DUNS number in the application, please submit your DUNS number via email to CPTT@dmh.lacounty.gov

CONTRACT WITH THE LMHP

After completion of credentialing, the Contracts Development and Administration Division (CDAD) will send credentialed individual providers an individual provider legal agreement. The agreement is to be signed and returned to CDAD for processing with all the required documents.

Group providers will be sent a group provider legal agreement, which must be signed by the legally authorized representative of the group. Only individuals listed in the group agreement shall render services to Medi-Cal beneficiaries. Substituting other providers in-lieu of those who have resigned violates the group provider agreement.

When contract processing is successfully completed the individual or group provider will be sent a signed, dated, executed legal agreement signed by the Director of the Department (Refer to Attachment I: *FFS2 Contract Workflow*).

Note: Reimbursement may only occur after the legal agreement is executed and only for specialty mental health services delivered on or after the effective date of the legal agreement. Retroactive reimbursement for services delivered prior to the completion of an executed contract will not be authorized.

NATIONAL PROVIDER IDENTIFICATION AND TAXONOMY

As of 2008, all providers are required to obtain a National Provider Identifier (NPI) prior to applying to the LMHP. Providers who do not have a NPI will be unable to receive reimbursement for specialty mental health services.

To apply to a National Provider Identifier, go to the National Provider and Plan Enumeration System (NPPES) website at: https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart

During the process of obtaining a NPI, providers will need to submit a taxonomy which is related to the license or certification they possess. It is necessary to ensure that all licensure and certification properly reflect eligibility to render specialty mental health services.

The following taxonomies are applicable to Fee-For-Service (FFS) Network Providers:

Discipline	Taxonomy
M.D. / D.O.	2084P0800X
Ph.D. / PsyD	103TC0700X
L.C.S.W.	1041C0700X
M. F.T.	106H00000X
R.N.	163WP0808X
N.P.	363LP0808X
CNS (child)	364SP0807X
CNS (adult)	364SP0809X

INDIVIDUAL VS. INCORPORATION PROVIDERS

Individual providers are considered sole practitioners whom shall have a Type I NPI in the NPPES system, and a contract and credentialing application stating as such. Incorporations are considered sole practitioners; however, they must have a Type I and Type II NPI in the NPEES system, as well as, a contract and credentialing application stating they are to be recognized as an incorporated entity. Even though a provider has a Type I and Type II NPI in NPPES, if they have not contracted with DMH and the LMHP as an incorporation, they will still be considered as an individual provider.

Note: Providers with a Type II NPI who wish to enroll as a group provider must submit a **group provider application**. Providers who possess both a Type I and Type II NPI but have not elected to contract as a group (e.g. incorporations contracting as sole practitioners) must submit an **individual provider application**, consistent with their contracting designation.

REGISTRATION AS A COUNTY OF LOS ANGELES VENDOR

All newly contracted individual and group network providers who provide a Federal Tax ID Number to the LMHP must register with the County of Los Angeles as a vendor in order to receive payments.

Registration as a vendor may be completed online via the internet by accessing the County of Los Angeles homepage and vendor registration website address at: https://camisvr.co.la.ca.us/webven/

Provider Vendor information must be correct and current in order to continue to receive payments. Contact ISD Vendor Relations at ISDVendorRelations@isd.lacounty.gov if assistance is needed to modify the information in the system.

ON-LINE VENDOR REGISTRATION REQUIREMENT

Network providers who have contracted with the LMHP using a Federal Employment Identification Number (FEIN) are required to register as a vendor with the County of Los Angeles, Internal Services Department (ISD) at the following website address at: https://camisvr.co.la.ca.us/webven/

Do not register as a vendor if the network provider contracted with the LMHP using a social security number only and did not provide a FEIN. It is recommended that network providers confirm in the system, via the "Vendor Search" link, whether a registration has already been completed before starting the registration process. Registrants should also be prepared to enter the network provider's FEIN.

Click on the "New Registration" link at the website listed above. Enter Your FEIN or SSN to begin the process.

> **Note:** The network provider's name and address must be the same as the billing address used on their credentialing application and contract to avoid reimbursement delays. If a change of billing address becomes necessary, network providers must also update their ISD vendor registration by selecting "Change Registration" at the website listed above in a timely manner to avoid reimbursement delays.

Please contact ISD Vendor Relations at (323) 267-2725 or (323) 881-3613 for questions regarding vendor registration.

PAVE

All Specialty Mental Health Services practitioners within specific licensed disciplines must enroll in the Department of Health Care Services (DHCS) Provider Application and Validation for Enrollment (PAVE) portal. The Federal Cures Act (42 CFR 438.602 (b)) requires states to screen, enroll and periodically re-validate all network providers of managed care organizations, including County Mental Health Plans. To meet this requirement DHCS is requiring all County Mental Health Plans to utilize PAVE, a web-based application. The following eligible providers must enroll into the PAVE system:

-Licensed Clinical Social Workers
-Licensed Marriage and Family Therapists
-Licensed Psychologists
-Nurse Practitioners
-Medical Doctors and Osteopaths (DO)

Each eligible practitioner must enroll themselves through the DHCS PAVE Portal website located at: https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx

This link has access to PAVE Training Videos and other tutorials for providers on PAVE enrollment.

There is additionally a help desk number (866) 252 1949 to assist providers with enrollment and updates as needed.

NETWORK ADEQUACY: PROVIDER AND PRACTITIONER ADMINISTRATION (NAPPA)

The State Department of Health Care Services issued an Information Notice 18-011 on February 12, 2018. The Notice gave network adequacy requirements and network certification requirements to which each county MHP must comply.

LAC DMH has developed an online application to collect and verify the data needed for network adequacy certification. This is completed through the NAPPA web application which is located at: https://lacdmhpp.powerappsportals.us/

A NAPPA Practitioner Enrollment form is used to obtain required data information that is entered into the web application. This information is also used to maintain the LAC DMH provider directory.

All FFS Network Providers are required to complete network adequacy information. They are required to verify and update all information at least once every 30 days. If there is a significant change (e.g., a provider leaves a group) then, NAPPA should be updated at that time.

CULTURAL COMPETENCE REQUIREMENTS

There are two separate provisions that require cultural competence training for persons employed by or under contract with LACDMH. These provisions are similar but not identical. One is associated with the Federal Medicaid Managed Care "Final Rule "requirements for Network Adequacy under Title 42 CFS 438 Part 2, the other with the state Medi-Cal regulations under Title 9 CCR 1810.410 as reflected in the Department's Cultural Competence Plan. Neither provision specifies a minimum number of hours/minutes for the training.

- Network Adequacy Requirement- All practitioners who provide Medi-Cal outpatient specialty mental health service (SMHS) must provide the number of hours of cultural competence training received within the past 12 months.
- Cultural Competence Plan Requirement – All MHP workforce members inclusive of clerical/support, financial, clinical/direct service and management from Contracted and Administrative programs must complete annual cultural competence training.

The FFS provider must provide this information through the NAPPA web portal.

LACDMH offers on-line trainings to meet the culture competence requirements including:

1. County of Los Angeles Implicit Bias.

2. "Cultural Competency 101" training videos developed by the Quality Improvement Division-Cultural Competency Unit:

   Part 1: Basic definitions, regulations related to cultural competency, LACDMH strategies to reduce mental health disparities, and LACDMH demographic and client utilization data [Duration: 37 minutes]
   http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=6638

   Part 2: Cultural humility, client culture, stigma, elements of cultural competency in service delivery, and resources [Duration: 30 minutes]
   http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=6640

   Part 3: Cultural competency scenarios and group discussion [Duration: 19 minutes]
   http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=6639

FFS Providers are required to follow DMH standards and procedures regarding language translation and interpreter services and additionally interpreter services for the Deaf and Hard of Hearing community.

- Interpreter Services for the Deaf and Hard of Hearing Community DMH Policy and Procedure 200.02
  https://secure4.compliancebridge.com/lacdmh/public/index.php?fuseaction=print.preview&docID=7183e712-6e35-11ef-a913-bc305beedd00

- Language Translation and Interpreter Services DMH Policy and Procedure 200.03
  https://secure4.compliancebridge.com/lacdmh/public/index.php?fuseaction=print.preview&docID=71e008e7-6e35-11ef-a913-bc305beedd00

For questions regarding the Cultural Competence Plan requirement, please contact Dr. Sandra Chang Ptasinski, Ethnic Services Manager, at schang@dmh.lacounty.gov

COMPLAINTS TO THE BOARD OF BEHAVIORAL SCIENCES (BBS)

Effective July 1, 2020 all psychotherapists (Social Workers, Marriage & Family Therapists, Professional Clinical Counselors) are required to provide a notice to each of their clients, for whom they are providing psychotherapy, stating where clients can file a complaint. This regulation can be reviewed in AB 630, Chapter 229, and Statutes of 2019. This includes all LCSW, LPCC and LMFT practitioners. This is a new regulation established by the California Board of Behavioral Sciences (BBS) to licensed mental health providers who are contracted to provide mental health psychotherapy services to Medi-Cal beneficiaries. This notice must be completed for each practitioner who provides psychotherapy. If the client transfers to a new psychotherapist, the new psychotherapist must complete a new notice.

FFS Providers can use the form provided by Los Angeles County Department of Mental Health (MH740) or create their own form (Refer to Attachment II: *Notice to Psychotherapy Clients*). If psychotherapists develop their own form, then all the required elements in MH 740 must be included in the self-developed form.

ONBOARDING

All network providers or their agents are expected to complete the process of becoming onboarded into the county billing system within 6 months of the finalized DMH contract. This means that they will be enrolled into our Integrated Behavioral Health Information System (IBHIS), a HIPPA compliant, electronic health record system for the LMHP. It ensures that they can successfully exchange information and data electronically in connection with certain health care transactions. This is the Trading Partner Exhibit Agreement between the provider and DMH and it has a high priority. The onboarding process will require the provider to maintain communication and follow directives from the Information Technology and Revenue Management units within our Chief Information Office Bureau (CIOB).

Providers should respond to all emails from DMH staff no later than 30 days after receipt. Completing this task ensures the providers ability to submit their electronic claims in a timely manner. When a provider does not have a reasonable response to CIOB outreach and is not able to fulfill this requirement within the period indicated. Health Access and Integration Division (HAI) management will be notified to determine the provider status within the Fee-for-Service Network. The Provider Relations Unit is available to provide assistance by phone or email at (213) 738-3311 or FFS2@dmh.lacounty.gov

SEXUAL MISCONDUCT LIABILITY

All network providers are required to have Sexual Misconduct Insurance coverage by the Contracts Development and Administration Division (CDAD). This was established as a Sexual Misconduct Liability Contract Amendment effective July 1, 2018, which states:

> "Contractor shall obtain Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than $2 million per claim and $2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature. If, in the alternative, Contractor chooses not to obtain such insurance and to rely upon County purchased insurance for this purpose, then Contractor shall pay County the designated insurance amount within ten (10) days of receiving written notification of the insurance amount from County."

Please note that failure to maintain or to provide acceptable evidence of insurance will constitute a material breach of the network provider's contract agreement. If you have questions or if you already have this coverage, please contact CDAD at: Contracts@dmh.lacounty.gov

CHANGES IN PROVIDER STATUS AND CONTACT INFORMATION

It is very important to advise the LMHP of any changes that would affect a network provider's contract or ability to receive payment, such as: changes in name, a request to terminate the contract, a change in corporate status, changes in mailing, billing, or service location addresses, or changes in required insurance coverage.

The *Contractor Address* form (Attachment III) is to be completed to report address changes: http://file.lacounty.gov/SDSInter/dmh/1061415_ATTACHMENTX-ContractorAddressForm2018-10-04NG_Rev20181106.pdf

Submit all changes via mail to:

Department of Mental Health
Contracts Development and Administration Division
510 S. Vermont Ave., 20th Floor
Los Angeles, CA 90020

The Provider Relations Unit should additionally be notified when a group provider plans to add additional members, so that the request can be reviewed and if appropriate, the new member will be linked to the Credentialing Unit.

TRANSITION FROM INDIVIDUAL TO GROUP PROVIDER

If an individual provider wants to become a group provider, they must notify the Provider Relations Unit of their decision. This request will be reviewed and final decision will be determined by the Health Access and Integration Division (HAI) program manager. HAI management will determine if provider is able to have an individual and group contract active at the same time. If the request is approved the provider will be required to obtain new identifiers. The proposed group must have these new items:

- DUNS number;
- NPI; and
- Business Name.

When the new group contract has been executed, the new provider will start to submit claims.

RETIREMENT OR OTHER LIFE EVENT

When a provider as an individual member or as part of a group decides to retire from the FFS Network it is our expectation that they, he/she will notify the LMHP in writing or by email communication of their

intent. Notification can be by phone at (213) 738-3311, by email at FFS2@dmh.lacounty.gov, or a letter can be sent to: Health Access and Integration Division, Provider Relations Unit, 510 S Vermont Ave, 20th Floor, Los Angeles CA 90020. For guidance, you can contact PRU or by phone at (213) 738-3311. Notification to be submitted at least 30 days prior to their retirement date. It will include a plan for continuation of care of all existing assigned clients. The provider can reach out to the LHMP for assistance with care coordination if needed.

In the event of the untimely death of a FFS Network provider, it is expected that a family member or the biller will provide notification to PRU of this circumstance. This notification can be completed by email or formal letter. This representative will receive direction from PRU staff in relation to process to terminate contract and resolution of outstanding claims.

CONTRACT TERMINATION

When the Network provider's contract is terminated, the provider is responsible for notifying current clients in writing that they are no longer a Medi-Cal provider in the LMHP Provider Network effective the date of contract termination. The Provider shall make a good faith effort to give written notice of termination of a contract within 15 calendar days after the termination date, to each beneficiary who was seen on a regular basis (42 C.F.R. Section 438.10 (f)(1)). The notification letter is to advise clients they may contact the ACCESS Center or the Patients' Rights Office to receive referrals to other LMHP network providers, directly operated providers or contract providers. Network providers may elect to utilize the Sample Beneficiary Notification Letter (Refer to Attachment IV).

If the network provider is rendering services in an acute hospital setting (POS 21), (POS 51) that require a TAR, and the provider is no longer under contract with the MHP or credentialed then the provider shall notify the hospital's Medical Executive Committee of this status.

The network provider is to send one copy of the client notification letter and a list of clients that were sent the notification letter to:

Department of Mental Health
Patients' Rights Office
510 S. Vermont Ave., 21st Floor
Los Angeles, CA 90020