M. STAFF QUALIFICATIONS & REQUIREMENTS

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.

Credentialing Requirements

San Diego County Behavioral Health Plan (SDCBHP) for credentialing, recredentialing, 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 18-019, 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 begins 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 Assurance 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 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 minim 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.

SUD Staffing Descriptions and Requirements

Various members of the treatment team can function as the case manager, including registered/certified SUD counselors and LPHAs.

Medical Director

The typical pre-DMC-ODS role of the medical director was a focus on signing treatment plans. Under the DMC-ODS, the focus is broader, and physicians should be engaged and integrated as a significant role into the SUD system.

Medical Directors at SUD provider agencies should ideally perform functions that others within the agency are unable to optimally perform. Some possible ways to maximize the benefit and role of the Medical Director within the program include:

- Provision of Medication Assisted Treatment (MAT) when clinically necessary
- Provision of Withdrawal Management (WM), if within program scope, when clinically necessary
- Provision of clinical supervision for staff
- Assist other professional staff with challenging cases
- Refer/treat co-occurring physical and mental health conditions
- Conduct clinical trainings on issues relevant to staff (e.g., ASAM Criteria, DSM-5, MAT, co-occurring conditions)

[Note: Provision of MAT, WM or treatment of physical health conditions in a residential setting requires an Incidental Medical Services (IMS) license through DHCS with the exception of WM 3.2 (which does not require IMS).]

The substance use disorder medical director's responsibilities shall at a minimum include all of the following:

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
- Ensure that physicians do not delegate their duties to non-physician personnel.
- Develop and implement medical policies and standards for the provider.
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
- Ensure that provider's physicians and LPHA's are adequately trained to perform diagnosis of substance use disorders for members, determine the medical necessity of treatment for members and perform other physician duties, as outlined in this section.
- Review clients' health/medical information and drug history and document their review along with any orders and/or recommendations.

The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.

Consistent with these responsibilities, programs must have written roles and responsibilities and a code of conduct for the medical director that is clearly documented, signed and dated by a provider representative and the physician.

A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

Programs shall only select Medical Directors who meet the following criteria and provide evidence to assigned COR's:

- Enrolled with DHCS under applicable state regulations.
- Screened as a "limited" categorical risk within a year prior to serving as a Medical Director.
- Signed a Medicaid provider agreement with DHCS.

Each program's assigned COR will be responsible for evaluating a medical director's credentials to determine the salary cap.

Program Manager

Program Managers (PM) shall:

- be available during regular business hours and respond to emails, telephone calls, and other correspondence from the COR or designee within two (2) business days.
- notify the COR or designee if PM is to be absent from the program for more than two (2) business days and provide an alternate contact for program coverage
- not split between multiple persons and shall be on designated person working full time at a program.
- Have at least one year of experience working in a SUD treatment program and shall be a Certified SUD Counselor or Licensed Practitioner of the Healing Arts (LPHA) or Licensed Eligible Practitioner.
- have relevant experience needed to serve in this role, including experience supervising personnel. At least 50% of their time shall be spent on management and administration (non-clinical) duties for the program.

Volunteer Staff

If a program utilizes the services of volunteers, it shall develop and implement written policies and procedures, which shall be available for, and reviewed with all volunteers. The policies and procedures shall address all the following:

1. Recruitment
2. Screening
3. Selection
4. Training and orientation
5. Duties and assignments
6. Supervision
7. Protection of client confidentiality; and
8. Code of conduct.

Professional Staff

Professional staff shall be licensed, registered, certified, or recognized under California scope of practice. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologists, Licensed Clinical Social Workers, Licensed Professional Clinical Counselor, Licensed Marriage and Family Therapists, and License Eligible Practitioners working under the supervision of Licensed Clinicians.

State Plan Amendment (SPA) 23-0026 added the rendering provider types listed below to the Short-Doyle claiming system, effective July 1, 2023.Non- LPHA identified provider types newly eligible to claim in the DMC and DMC-ODS delivery systems are: Medical Assistant; Occupational Therapist; Licensed Vocational Nurse; Licensed Psychiatric Technician; Nurse Practitioner Clinical Trainee; Psychologist Clinical Trainee; Clinical Social Worker (LCSW); Clinical Trainee; Marriage and Family Therapist (MFT) Clinical Trainee; Professional Clinical Counselor (LPCC) Clinical Trainee; Psychiatric Technician Clinical Trainee; Registered Nurse Clinical Trainee;

Vocational Nurse Clinical Trainee; Occupational Therapist Clinical Trainee; Pharmacist Clinical Trainee; Physician Assistant Clinical Trainee; Medical Student in Clerkship (Physician Clinical Trainee). Ref: FAQ

Licensed Practitioner of the Healing Arts (LPHA) - Including Licensed Eligible
A California-licensed or license-eligible (post master's degree interns registered with the appropriate State Board of licensing who are receiving clinical supervision) LPHA shall be available to provide clinical consultation as necessary, and to conduct assessments for those clients who have a co-occurring mental health diagnosis. The LPHA shall also conduct clinical supervision for staff delivering program services. A plan for provision of services to clients with a co-occurring disorder must be approved by the COR within 60 days of Agreement execution. If providers do not have such consultation available, a documented plan shall be approved by the COR to ensure adequate assessment and referral of co-occurring diagnosed individuals and clinical supervision for program staff.

LPHA or licensed eligible staff shall meet all California Board of Behavioral Sciences or Board of Psychology licensure requirements, as well as having documented experience working with substance abuse services for a minimum of one year. For license verification, click here. The license shall be in good standing and clear of licensing authority disciplinary actions for a minimum of three years at the date of hire and continuously while employed by Providers as an employee or consultant.

- Post Master's degree interns registered with the appropriate State Board of licensing who are receiving clinical supervision may be used to provide direct services in the program.
- SB 1024 sponsored by the Board of Behavioral Sciences, mandates the following for all licensees and registrants:
    - Licenses and registrants must display their license or registration in a conspicuous location at their primary place of practice when rendering professional clinical services in person.
    - SB 1024 defines who qualifies as a supervisee in group supervision and caps the number of supervisees at eight (8) individuals in group supervision
    - SB 1024 specifies who is included in the limit of six (s) supervisees receiving individual or triadic supervision per supervisor in non-exempt settings
    - Program and clinical supervisors are advised to review the BBS SB 1024 FAQ document available on the BBS Website
    - Clarification on Number of Supervisees per Supervisor Effective January 1, 2025Clarification on Number of Supervisees per Supervisor Effective January 1, 2025

SUD Counselors and Counselor Certification
SUD programs must demonstrate that their registered SUD counselors do not exceed the five (5) year registration limit (from the date of initial registration). SUD programs failing to ensure compliance with these requirements will be cited appropriately.

Counselor certification is based upon the Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice (TAP 21) published by the Center for Substance Abuse Treatment. Staff who provide counseling services such as intake, assessment of need for services, treatment planning, recovery planning, individual or group counseling to participants, patients, or residents in any substance use disorder (SUD) program licensed or certified by DHCS are required by the State of California to be

certified. To obtain certification, counselors must register with one (1) of the approved certifying organizations. From the date of registry, counselors have five (5) years to become certified with any certifying organization (CCR, Section 13035(f)(1)). If a counselor fails to become certified after being registered for five (5) years, the counselor will not be permitted to provide counseling services to clients. The provision which allowed an individual six months from the date of hire to become registered has been repealed. Per DHCS MHSUDS Information Notice 18-035:

> *Health and Safety Code 11833 repeals California Code of Regulations (CCR) Title 9, Section 13035(f), which allowed an individual to provide counseling services, within six months of the date of hire, prior to registering with a certifying organization. In accordance with HSC Section 11833(b)(1), any individual who provides counseling services in a licensed or certified AOD program, except for licensed professionals, must be registered or certified with a DHCS approved certifying organization.*

AOD Counselor Educational Requirements

AOD Counselor education requirements based on BHIN-25-029, states new law
states new law (AB 2473) establishing core competency education requirements for registered and certified counselors and increase the number of educational hours for registered counselors, updates to registered counselor terminology, and updates to requirements for first-year registered counselors that register on or after July 1, 2025. This requirement takes effect January 1, 2026

- Registered counselors that have completed fewer than 315 hours of AOD education in total must provide written documentation to their certifying organization that they completed 50 hours of AOD education to qualify for registration renewal.
- An individual who registers as a counselor for the first time on or after July 1, 2025, must complete a minimum of 80 hours of education, including education in specified core competency education topics within 6 months of registration.
- Counselors that register between July 1, 2025 and December 31, 2025, become subject to the six-month timeframe on January 1, 2026. o
    - Therefore, individuals who register between July 1, 2025, and December 31, 2025, shall complete the 80 hours of education including core competency education topics by July 1, 2026.
    - For individuals who register on or after January 1, 2026, the six-month window takes effect immediately. Individuals shall be eligible to complete any education deficiencies before their one-year registration expires.
- See Timeline Tables for further information

Per DHCS, as of March 11, 2019, there are three (3) Certifying Organizations (CO) approved by the California Department of Health Care Services (DHCS) to register and certify individuals to provide substance use disorder (SUD) counseling. Any SUD counselor registered or certified with a CO no longer approved by DHCS will need to re-register with one of approved CO's to continue providing counseling services.

- California Association of DUI treatment Programs (CADTP)

- California Consortium of Addiction Programs and Professions (CCAPP)
- California Association for Drug/Alcohol Educators (CAADE)

See Appendix M.1 – SUD Credentials for a list of current SUD credentials for each credentialing body and how to verify the counselor credentials.

Additional Requirements for LPHA's and Counselors
Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, case management, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, Division 4, Chapter 8.
Regulations require licensed and certified Substance Use Disorder (SUD) programs to ensure that their counseling staff are appropriately registered and/or certified at all times by an approved certifying organization, or appropriately professionally licensed. In addition, SUD programs must continue to meet the regulatory requirement that 30% of the staff providing SUD counseling are certified or professionally licensed or license eligible, per Section 13010 - Requirement for Certification, Cal. Code Regs. tit. 9 § 13010.

Peer Support Specialists
A Peer Support Specialist is an individual in recovery with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification. See BHIN 25-010 for more information.

Peer Support Specialists must provide services under the direction of a Behavioral Health Professional. "Under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval and signing of client plans. An individual directing a service is not required to be physically present at the service site to exercise direction. The licensed professional directing a service assumes ultimate responsibility for the service provided. Services are provided under the direction of a physician; a licensed psychologist; a licensed, or registered social worker; a licensed, or registered marriage and family therapist; a licensed, or registered professional clinical counselor, or a registered nurse (including a certified nurse specialist, or a nurse practitioner).

- Behavioral Health Professionals must be licensed or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of DMC-ODS or Specialty Mental Health Services.
- Peer Support Specialist may be supervised by a Medi-Cal Peer Support Specialist Supervisor who meets applicable State of California requirements; however, the services shall be under the direction of a Behavioral Health Professional. See BHIN-25-010 for more information.

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.

Enhanced Community Health Workers (ECHW)

Community based workers provide services aimed at preventing disease, disability, and other health conditions and promoting physical/mental health and well-being via connection to health and wellness resources and address barriers to meeting health or health-related social needs. The role of the ECHW, is to identify client's needs and connect them back to client's behavioral health and or substance abuse issues.

Duration: Limited, short-term. Limits to maximum units of service per day per member/per year; additional units require additional authorization.

ECHW Training and Certification: *Statewide Certification Pending*: DHCS does not currently require a standardized statewide certification for this role. Certification must be obtained through various providers, supervising providers are responsible for determining if certificate of completion fulfills Medi-Cal CHW requirements. *Please note, some managed care plans or employers may have their own training requirements.*

Staffing Ratios

The following guidelines for staffing ratios reflect County standards for best practice. Prior discussion with COR is needed if higher caseload ratios are proposed for LPHA, Case Manager, or SUD Counselor based on program design.

Staff Position	Residential Caseload Ratio (Staff to Client)		Outpatient Caseload Ratio (Staff to Client)		Residential Withdrawal Management Caseload Ratio (Staff to Client)	
Title	Programs Serving Children, Youth & Families	Programs Serving Adults & Older Adults	Programs Serving Children, Youth & Families	Programs Serving Adults & Older Adults	Programs Serving Children, Youth & Families	Programs Serving Adults & Older Adults
LPHA	1:25	1:25	1:25	1:50	1:25	1:25
Case Manager	1:25	1:25	1:25	1:50	1:25	1:25
SUD Counselor	1:25	1:25	1:25	1:25	1:25	1:25

*In addition to above position titles, it is required for all programs to have a Medical Director. Contact your program COR with questions regarding withdrawal management nursing requirements and overnight staff questions.

Adult & Older Adults and Children, Youth & Families System of Care Staffing Requirements

The Department of Health Care Services (DHCS) ensures the provision of quality treatment through the enforcement of standards for professional and safe treatment. DHCS does not certify counselors; however, DHCS does ensure counselors provide quality treatment to clients by enforcing the Counselor Certification Regulations found in the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8.

Providers shall:

- Administer, staff, and provide management systems and procedures for programs.
- Recruit, hire, train and maintain staff qualified to provide required services.
- Ensure all staff has appropriate experience and necessary training upon hire.
- Ensure clients currently in treatment are not to be used in staff positions*.
- Verify identify and determine the exclusion status of all staff prior to hire (see Federal and State Database Checks below).
- Ensure all personnel are competent, trained and qualified to provide any services necessary.
- Ensure non-professional receive appropriate onsite orientation and training prior to performing assigned duties.
- Ensure professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring.
- Ensure documentation of trainings, certifications and licensure shall be contained in personnel files.
- Ensure professional and/or administrative staff supervise non-professional staff.
- Maintain records of current certification and NPI registration. Registered and certified SUD counselors shall adhere to all requirements in Title 9, Chapter 8.

* Providers shall have trained provider staff available to answer phone calls during hours of operation. Program shall ensure participants in DMC-ODS programs shall not answer phones on behalf of program staff. Providers shall ensure client confidentiality is maintained at all times.

Federal and State Database Checks

Prior to employment, programs are required to check the following databases to verify the identity and determine the exclusion status of all providers:

- Social Security Administration's Death Master File
- National Plan and Provider Enumeration System (NPPES)
- List of Excluded Individuals/Entities (LEIE)
- System for Award Management (SAM)
- CMS' Medicare Exclusion Database (MED)
- DHCS' Suspended and Ineligible Provider List

Certification on Disbarment or Exclusion

All claims for reimbursement submitted must contain a certification about staff freedom from federal disbarment of exclusion from services. In order to be in compliance with these federal regulations, all organizational providers must verify monthly the status of employees with the federal System for Award Management (SAM), the Office of the Inspector General (OIG), Government Services Agency (GSA) and the Suspended and Ineligible Provider (S&I) List.

Provider shall be responsible for checking, on a quarterly basis, the office of the Inspector General (OIG) website that none of the Providers officers, board members, employees, and agents providing services are on the OIG or Medi-Cal list of excluded individuals to provide direct services to County clients. Providers

shall notify, in writing within thirty (30) days if any personnel are found listed on this site and the actions taken to remedy the situation.

Verification

- Federal System for Award Management (SAM) list
- Reasons for placement on OIG
- Medi-Cal Provider Suspension
    - Reasons include:
        - Convicted of felony
        - Convicted of misdemeanor involving fraud, abuse of the Medi-Cal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service.
        - Suspended from the federal Medicare or Medicaid programs for any reasons
        - Lost or surrendered a license, certificate, or approval to provide health care
        - Breached a contractual agreement with the Department of Health Care Services that explicitly specifies inclusion on this list as a consequence of the breach.

Best Practice

- Providers must retain the records verifying that these required monthly checks have been performed and the names of the employees checked.
- Any employees who appear on the OIG, GSA or Suspended and Ineligible Medi-Cal lists are prohibited from working in any County funded program.
- Providers are encouraged to consult with their compliance office or legal counsel should any of their employees appear on either of the exclusion lists.

Notification in Writing of Status Changes

Providers are required to notify BHS Contract Support, (BHSCS) COR and QA in writing if any of the following changes occurs:

- Any change with DMC Certification, such as surrendering certification or closing program, any event triggering a DMC recertification, such as change in ownership, change in scope of services, or change in location.
- Change in office address, phone number or fax;
- Addition or deletion of a program site;
- Change of tax ID number or check payable name (only to BHSCS);
- Additions or deletions from your roster of Medi-Cal billing personnel (BHSCS& MIS); or
- Proposed change in Program Manager or Head of Service.

Notification of Key Personnel Changes

Programs shall notify the COR within seventy-two (72) hours when there is a change in key personnel funded by the resulting contract.

On-Site Manager/Director

Programs shall provide a full-time on-site Program Manager or Director for each program, unless prior approval received by COR. If the program manager is also serving as the program coordinator, time may be divided between administration and direct services.

Review and Comment on the Qualifications of On-Site Managers, Directors, and Higher-Level Staff

The COR shall review and comment on the final candidates under consideration for hire at the Program Manager, Director, or higher level prior to selection. Should the COR choose to provide written comments, the comments shall be provided within five (5) days of receipt of candidates' resumes and supporting documentation.

License Verifications

All SUD providers are required to verify the license status of all employees who are required by the contract Statement of Work to have and maintain professional licenses. The verification must be submitted at the time of contract execution, renewal or extension. This is in accordance with the Service Template requirements. In order to ensure the license is valid and current, the appropriate website(s) shall be checked. All providers are responsible for ensuring that all staff licenses are active and valid. Providers shall keep documentation that evidences active licensure for staff.

Personnel Files

Personnel files shall be maintained on all employees, volunteers, and interns. These records will contain: application for employment and/or resume, signed employment confirmation statement, signed annual confidentiality statements, job description (which shall include position title and classification; duties and responsibilities; lines of supervision; and education, training, work experience and other qualifications for the position), performance evaluations, health records/status as required by program or Title 9 (i.e. health screening report or health questionnaire, including annual TB results), other personnel actions (e.g. commendations, discipline, status change, employment incidents and/or injuries), training documentation relative to substance use disorders and treatment, current registration, certification, intern status or licensure; proof of continuing education required by licensing or certifying agency and program, and program code of conduct. (Note: While DHCS will not look for the certifying organization copy of their Code of Conduct during personnel file reviews, registered/certified SUD counselors are still required to have a Code of Conduct with their specific certifying organization as per those organization requirements).

The program's written code of conduct for employees and volunteers/interns shall be established which addresses at least the following: use of drugs and/or alcohol; prohibition of social/business relationship with clients or their family members for personal gain; prohibition of sexual contact with the clients; conflict of interest; providing services beyond scope of practice; discrimination against clients or staff; verbally, physically, or sexually harassing, threatening, or abusing clients, family or other staff; protecting client confidentiality; the elements found in the code(s) of conduct for the certifying organization(s) the program's counselors are certified under; and, cooperation with grievance investigations.

MD's and LPHA's will receive a minimum of five (5) hours of continuing education related to addiction medicine each year. Such documentation shall be maintained in the file and the last day of the first full month of employment and shall be available for County monitoring purposes. For more information about required training for medical directors, see DMC-ODS Medical Director Training Requirements posted on the Optum site.

Discrimination
Providers shall not unlawfully discriminate against any person as defined under the laws of the United States and the State of California. Programs may not discriminate between employees with spouses and employees with domestic partners or discriminates between employees with spouses or domestic partners of a different sex and employees with spouses or domestic partners of the same sex or discriminates between same-sex and different-sex domestic partners of employees or between same-sex and different-sex spouses of employees. (Public Contract Code section 10295.3)

Programs may not discriminate between employees on the basis of an employee's or dependent's actual or perceived gender identity, including, but not limited to, the employee's or dependent's identification as transgender. (Public Contract Code section 10295.35)

Criminal Background Check Requirement
Providers shall ensure that criminal background checks are required and completed prior to employment or placement of program staff and volunteers in compliance with any licensing, certification, or funding requirements, which may be higher than the minimum standard described herein. At a minimum, background checks shall be in compliance with Board of Supervisors policy C-28 and are required for any program staff or volunteer assigned to sensitive positions funded by this contract. Sensitive positions are those that: (1) physically supervise minors or vulnerable adults; (2) have unsupervised physical contact with minors or vulnerable adults; and/or (3) have a fiduciary responsibility to any County client, or direct access to, or control over, bank accounts or accounts with financial institutions of any client.

Providers shall have a documented process to review criminal history of candidates for employment or volunteers that will be in sensitive positions. At a minimum, providers shall check the California criminal history records, or state of residence for out of state candidates. Programs shall review the information and determine if criminal history demonstrates behavior that could create an increased risk of harm to clients. Programs shall document review of criminal background findings and consideration of criminal history in the selection of a candidate. For example, document consideration of such factors as: if there is a conviction in the criminal history, how long ago did it occur, what were the changes, what was the level of conviction, and if selected, where would the individual work and is the conviction relevant to the position. Programs shall either utilize a subsequent arrest notification service during the staff or volunteer's employment or check California criminal history annually. Programs shall keep the documentation of their review and consideration of the individual's criminal history on file. As of 7/1/22, the COSD BHS Standard for staff free of probation/parole history for a minimum of one (1) year prior to employment has been updated. Staff can now begin the credentialing process and Optum will alert COR teams for awareness if any staff are identified with active parole, probation or previous criminal history within less than one year prior to starting employment.

Providers will ensure that all staff members working with clients are fingerprinted (LiveScan) and pass Department of Justice and Federal Bureau of Investigations background checks.

Provider Directory
Per DHCS Information Notice 18-020, a provider directory captures site-specific content for a contracted program, to include all licensed, waivered, or registered mental health providers and licensed substance use disorder service providers employed within the program*. On a monthly basis, programs shall respond to

a polling request for updates to their provider directory, using the following process:

1. Designated program lead shall provide COR with a complete and up-to-date provider directory no later than the 3rd Monday of each month.
2. Directory shall be sent to Program COR via email, utilizing the requested electronic format, and cc'ing program analyst, if applicable.
3. Program shall ensure all the following data elements are accurately captured:

Provider Directory Content
• Provider's name and group affiliation, if any
• Provider's business address(es) (e.g., physical location of the clinic or office)
• Hours of Operation
• HHSA Region
• Telephone number(s)
• Email address(es), as appropriate
• Website URL, as appropriate
• Specialty, in terms of training, experience and specialization, including board certification (if any)
• Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults)
• Whether the provider accepts new members
• The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender)
• The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office
• Whether the provider's office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment
In addition to the information listed above, the provider directory must also include the following information for each rendering provider:
• Type of practitioner, as appropriate
• National Provider Identifier number
• California license number and type of license
• An indication of whether the provider has completed cultural competence training

*Registered and Certified SUD counselors are not considered licensed SUD providers and do not need to be reported as part of the Provider Directory. The requirement is referring to licensed providers in SUD programs such as LMFTs, LCSWs, LPHAs, Physicians, etc.

Residential Staffing Requirements

Residential Programs and Overnight Staffing

Residential programs shall ensure adequate staffing to meet the needs of the program are onsite and on-duty 24 hours a day, 7 days a week, including but not limited to:

- Staff shall be a SUD Counselor (Certified or Registered) or LPHA

- At all times, at least 1 staff on site is CPR-certified, and First Aid trained
- Overnight staff cannot be a volunteer nor an active client of the program
- Awake overnight staff are required to conduct regular walk-throughs of the facility, to include bed checks of clients within their first 2 weeks of treatment and/or deemed at risk for overdose. All walkthroughs shall be documented.
- Overnight coverage staffing schedule shall be posted.
- Programs that are monitored by other agencies, such as Community Care Licensing, shall ensure that staffing rations meet the requirements of those certifying bodies.

Minimum Qualifications

- CPR/First Aid/Safety training and certification obtained within 90 days of hire and maintained;
- Eighteen (18) years or older;
- Trained on SUD confidentiality, ethics, and cultural competence/sensitivity; and,
- Trained and able to respond to emergency situations.

Note: 24/7 residential service hours are to include intake and admissions.

It is recommended that residential programs designated as ASAM Level 3.2 obtain the Incidental Medical Services (IMS) license through DHCS. A minimum of LVN level staff is recommended 24/7 in these programs and must follow the policies and procedures as established by the program's medical director. Providers are expected to implement policies and procedures that have been developed with the Medical Director, that includes at a minimum, working collaboratively with emergency departments and primary care physicians that the client is safe to return to the WM program when in-house 24/7 nursing staff is not used.

Residential Staff Living Onsite

Residential facilities licensed or certified by DHCS are for member treatment purposes. Any part of certified or licensed facilities and beds designated for treatment may not be used for staff's personal use (i.e., as staff residence). Common areas within the facility, such as kitchen and storage, may be used by staff during their work shifts as needed. Providers are to refer to the license and/or certification blueprint approved by DHCS for verification. If staff resides outside of the certified or licensed portion of the treatment facility, personal living expenses may not be charged to the BHS contract and must be aligned with the program's Cost Allocation Plan.

Ethical and Legal Standards

Programs shall develop and implement policies, procedures and training protocol that ensure that its employees, subcontractors, subcontractor employees and volunteers adhere to the highest ethical and legal conduct standards when performing work under the terms and conditions of the contract.

Code of Conduct

A Code of Conduct is a statement signed by all employees, contractors, and agents of an organization that promotes a commitment to compliance and is reasonably capable of reducing the prospect of wrongful conduct. Codes of Conduct should be created at the agency level. Programs shall have a written code of conduct that pertains to and is known about by staff, paid employees, volunteers, and the governing body and community advisory board members. Each staff, paid employee, and volunteer shall sign a copy of the code of conduct and a copy shall be placed in their personnel file. The program shall post the written code

of conduct in a public are that is available to clients. The code of conduct shall include the program policies regarding at a minimum the following:

- Use of alcohol and/or other drugs on the premises and when off the premises
- Personal relationships with participants
- Prohibition of sexual contact with participants
- Sexual harassment
- Unlawful discrimination
- Conflict of interest
- Confidentiality

In addition to the minimum requirements listed above, all Programs Serving Children, Youth & Families providers are encouraged to utilize the 2019 Trauma-Informed Care Code of Conduct in the creation of their agency code of conduct. This document, created by young adults with lived experience, is intended to guide programs in developing policies and procedures related to trauma informed care, to inform trainings for staff, and to be offered to clients to outline the commitment of the program to follow trauma informed principles. See M.2 – Trauma Informed Care Code of Conduct.

Counselor/Client Relationships
Relationships between clients and program staff beyond the realm of treatment are prohibited. Staff must maintain healthy boundaries between themselves and their clients at all times. Staff members' failure to adhere to this standard shall be disciplined at the discretion of the program director.

Sexual Contact
Sexual contact shall be prohibited between program staff, including volunteers, and members the Board of directors, and the participants. A written statement explaining the sexual contact policy shall be included in every participant's rights statement given at admission to a program. Programs shall include a statement in every personnel file noting that the employees and volunteers have read and understood the sexual contact prohibition. The policy shall remain in effect for six months after a participant is discharged from services, or a staff member of volunteer terminates employment.

Staff Development and Training Plans
Programs shall develop and maintain a management and staff training (including volunteers and interns) and development plan. The staff training plan shall be updated annually and written reports on management and staff progress in achieving their development goals shall be maintained in the employee's personnel file. Staff training and development plans shall include at minimum: Annual QI Training (at least member of leadership is required to attend); ASAM training for staff completing screening/intake, assessment and treatment planning – and those supervising them (i.e. LPHA, Medical Director) - must be completed prior to providing these services; specific treatment standards for services provided, client confidentiality, client screening and assessment, client referral, CPR, communicable diseases, cultural diversity, data collection and reporting requirements, drug testing protocols, program admissions procedures, and Evidence Based Practices of at a minimum of Relapse Prevention and Motivational Interviewing. Relapse Prevention and Motivational Interviewing trainings will be available through the BHS Workforce Training and Technical Assistance website, but staff may receive these trainings through other means, as long as the program COR has approved the alternative. For updated training information, please refer to the most recent DMC-ODS

Training Guide at https://sandiegocounty.gov/dmc. Contractors shall utilize County-approved training sources as indicated on the DMC-ODS Training Guide. Contractors may utilize training providers other than those indicated on the DMC-ODS Training Guide if approved by the COR to ensure minimum required standards are met.

Some of the following trainings may be tracked on the MSR/QSR:

- Harm Reduction: Training may be accessed by request at BHSWorkforce.HHSA@sdcounty.ca.gov. For outside trainings, certificate of completion shall be kept on file at the program.
- ASAM Training: Completion of ASAM A, B & C (via CIBHS) or completion of ASAM e-training Modules 1 and 2 ("Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care" (via the Change Companies) is required prior to provision of screening/intake, assessment and treatment planning services are provided (and by those supervising staff providing these services, i.e., LPHA, Medical Director)
- Cultural Competency Trainings: Minimum of four hours annual requirement for all staff. When an in-service is conducted, program shall keep on file a training agenda and a sign-in sheet for all those in attendance with sign-in/out times. For outside trainings, certificate of completion shall be kept on file at the program
- Evidence Based Practices: Professional staff shall be trained in Motivational Interviewing and Relapse Prevention
- BHS Disaster Training is available through e-learning located on the BHS Workforce Training and Technical Assistance website. A minimum of 25% of contracted staff need to be disaster trained
- System of Care Training is available through e-learning located on the BHS Workforce Training and Technical Assistance website. All direct service staff shall complete e-learning about BHS System
- CalOMS Web-based Training: For more information regarding this section, please refer to Section 7.
- Continuing Education Units (CEUs): Contractor shall require clinical staff to meet their licensing requirement. Professional staff (LPHAs) are required to receive a minimum of five (5) hours of continuing education related to addiction medicine each year. Other paraprofessional staff shall have a minimum of sixteen (16) hours of clinical training per year
- Withdrawal Management 3.2 Training Requirements:
    - Per Exhibit A of BHIN 21-001, those providing, monitoring or supervising WM services in a 3.2 facility must complete of 6 hours minimum of orientation training for new employees or for current employees within 14 days of returning to work after a break of 180 days or more that covers the needs of residents who receive WM services.
    - 8 hours minimum annually of training that covers the needs of residents who receive WM services.