



SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

DATE: December 18, 2019

**BHRS POLICY:** 19-06

**SUBJECT:** Provider Directory

**AUTHORITY:** Title 42 CFR 438.10(h); California Health and Safety Code 1367.27; 1367.04; 1374.73; Section 508 of the Rehabilitation Act (29 U.S.C. 794d); MHSUDS Information Notice 18-020 (and all regulations cited within).

**SCOPE:** Specialty Mental Health Services (SMHS); Drug Medi-Cal – Organized Delivery System (DMC-ODS) and the Mild to Moderate Managed Care Plan (MCP)

**ATTACHMENT:** BHRS Directory Link <https://www.smchealth.org/BHRSProviders>

## POLICY:

It is BHRS's practice to adhere to DHCS requirements in developing and maintaining the Provider Directory in accordance with the State and Federal requirements, including directory content, type, language and format. The Provider Directory includes information about contracted provider and BHRS staff, including BHRS programs.

This policy provides details about how BHRS follows provider directory requirements:

1. Provider directory access and contents;
2. Language and format requirements; and,
3. Maintaining the provider directory.

## 1. Provider Directory Access and Content

The BHRS provider directory is available in electronic form, and paper form upon request. The provider directory is available through at: <https://www.smchealth.org/BHRSProviders>

BHRS will provide a printed copy of the provider directory if it is requested via a phone call or in writing.

The directory contains the information below for BHRS providers that are BHRS staff, contractors, and all members of the network of care that are licensed, waived, and

registered mental health providers and licensed substance use disorder services provider. The provider directory includes all county and contracted mental health and ODS programs.

The provider's name and group affiliation, if any;

- Provider's business address(es) (e.g., physical location of the clinic or office);
- 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 beneficiaries;
- 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; and,
- 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; and,
- An indication of whether the provider has completed cultural competence training.

The BHRS Provider Directory includes the following notations, visible to all users of the provider directory:

1. "Limitations of Information Provided: BHRS strives to assure the information in this directory is accurate and relies on the provider to submit new information as it becomes available and this directory listing is reviewed at regular intervals."
2. "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed in the BHRS Provider Directory."

## 2. Language and Format Requirements

BHRS ensures its provider directory complies with the language and format requirements outlined in 42 CFR §438.10(d). Specifically, the provider directory must:

- Provide information in a manner and format that is easily understood and readily accessible;
- Be available in the threshold non-English languages in the county;
- Include taglines in the prevalent non-English languages in the State explaining the availability of free written translation or oral interpretation services to understand the information provided;
- Use 12 point or larger font size for all text (see below for the large print tagline requirement);
- Include a large print tagline (18-point font or larger) and information on how to request auxiliary aids and services, including the provision of materials in alternative formats, at no cost to the beneficiary;
- Include the toll-free and TTY / TDD or California Relay Service telephone number of the Plan's customer service unit (24 hours, 7 days per week toll-free telephone number); and
- Be made available on the Plan's website in a machine-readable file and format, meaning that the document is in a form able to be processed by a computer. In accordance with Section 508 of the Rehabilitation Act (29 U.S.C. 794d)4, provider directories must be made available on the Plan's website in a machine-readable file and format, meaning that the document is in a form able to be processed by a computer

## 3. Maintaining and Updating Provider Information:

BHRS System of Care employees and contract agency providers are required to inform BHRS QM of any changes to contact information, availability, or specialty changes immediately. These changes will be incorporated into the BHRS Provider Directory within 30 calendar days of when QM received the requested changes.

Managed Care Network Providers (PPN) are required to inform the BHRS Contracts Department or the Provider Relations Specialist of any changes to contact information, availability, or specialty changes immediately. These changes will be incorporated into the BHRS Provider Directory within 30 calendar days of when BHRS Contracts/Provider Relations staff received the requested changes.

BHRS System of Care employees

Quality Management (QM) staff create a new staff entry in the Provider Directory within 30 calendar days of an individual starting employment with BHRS. QM staff verify

working address, contact information and all required information to create the new provider entry.

Contract Agency Providers

Contract Agencies will submit required information for new providers when they submit their request for a therapist number in Avatar. QM Staff create the new provider entry within 30 calendar days of receiving of the request.

Managed Care Providers (Contracted Individual Providers in Private Provider Network)

The BHRS Contracts Department staff create a new provider entry once a contract with a managed care provider has been signed and they have verified the required directory information. The entry will be created within 30 calendar days of contract approval and will be checked upon recredentialing thereafter. BHRS contracts maintains program specific procedures to maintain providers credentials and provider listing up to date following HPSM requirements (procedures are available upon request)

BHRS shall validate directory information each time the provider is credentialed and recredentialled, updating the directory within 30 calendar days of the validation and entering the date of the updated entry.

Approved: \_\_\_\_\_ *Signature on File*  
Scott Gilman, MSA  
BHRS Director