Instructions on how to fill out San Mateo County BHRS AOD 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 AOD Credentialing Form"** is used for all direct service staff, new avatar users, and updates to current providers and avatar users within the BHRS AOD 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.

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 ELECTRONIC COPY OF COMPLETED FORM AND ATTACHMENTS TO HS_BHRS_AODAvatar@smcgov.org

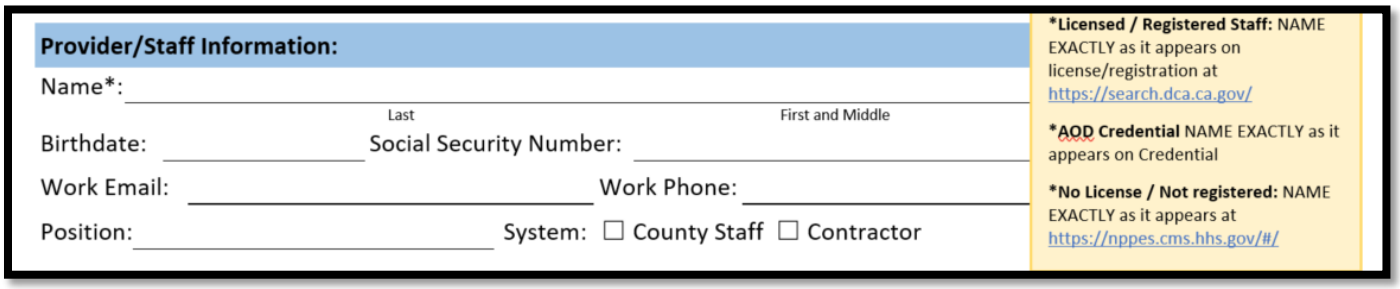
INCLUDE OFFICIAL PRINTOUT OF: LICENSES/REGISTRATION, NPI, DEA CERTIFICATE, MEDICARE (PTAN)

****** BHRS AOD COUNTY CREDENTIALING STAFF- SEND APPROVED FORMSTO HS_BHRS_MISCredentialing@smcgov.org**

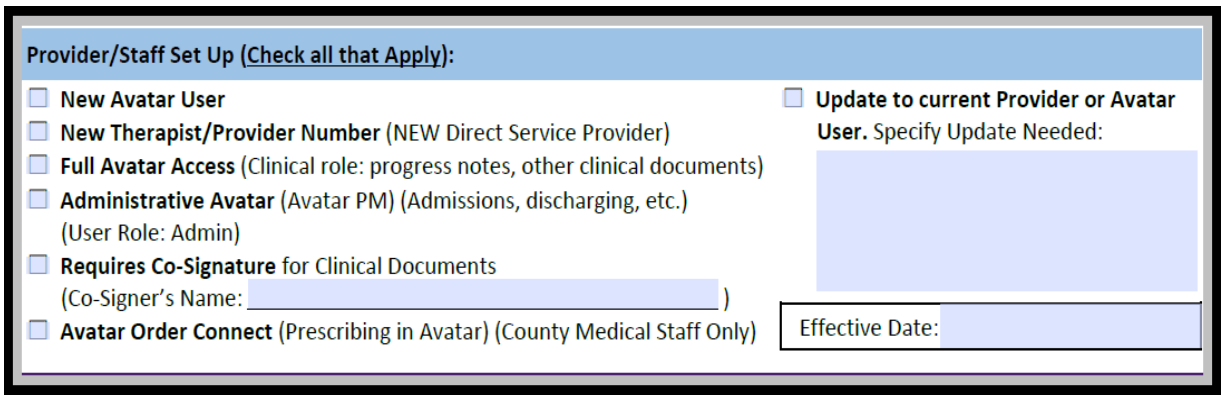
1. **INSTRUCTIONS TO IT TEAM FOR SET UP:** This is provided to allow you to add special instructions to the avatar team. Example; staff has additional role/location of supervisor.

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. If there is no program write in office address.

Program/Work Site Information:

Agency Name: _____ Program Name: _____

Location/Address: _____ Work Zip Code: _____

☐	AARS **(zaodAARS)**	☐	Latino Commission **(zaodTLC)**	☐	Service League **(zaodSL)**
☐	BAART **(zaodBAART)**	☐	Our Common Ground **(zaodOCG)**	☐	Sitike **(zaodSIT)**
☐	Correctional Health (CHS)	☐	Palm Detox **(zaodPALM)**	☐	StarVista **(zaodSV)**
☐	El Centro **(zaodEC)**	☐	Project-90 **(zaodP90)**	☐	WRA **(zaodWRA)**
☐	Free At Last **(zaodFAL)**	☐	Pyramid **(zaodPYR)**	☐	
☐	Healthright 360 **(zaodHR360)**	☐		☐	*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 ODS DMC Medi-Cal Clients, Provider Practice Area Focus for your program.
   - For a full-time clinician working in a AOD 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**	**Field-Based**	**If Field-Based:**
_____	☐ Yes ☐ No	☐ Yes ☐ No	Distance (Range) Travels to Provide Field-Based Services: _____

Areas of Expertise

Cultural Competence Training (within last year: standard 8 hours yearly): ☐ Yes ☐ No

☐ **O – Only Sees Children/Youth** ☐ **B – Sees both Children/Youth and Adults** ☐ **N – Does not see Children/Youth**

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.

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.

AOD Credential NAME EXACTLY as it appears on Credential

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:
AOD Certification/Registration #:		Issuance Date:		Expiration Date:

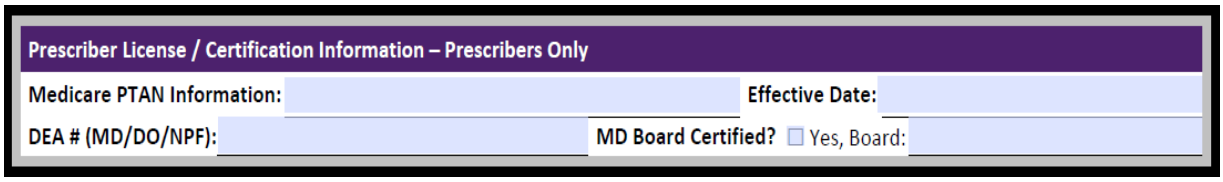
Chart: Guide to Taxonomy category (Page three of the credentialing form) CHECK ONLY ONE PRACTITIONER CATAGORY- THIS IS YOUR HIGHEST LEVEL CERTIFICATE OR LICENSE

	PRACTITIONER CATEGORY (PRINTS ON DOCUMENTS)	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRESS NOTES) MIS	PROFESSIONAL USER ROLES CONTROLS CLINICAL DOC not PN)	TAXONOMY CODE	Verify License	Board
	PEER SUPPORT SPECIALIST	AOD Counselor	AOD Counselor	AODPSS	175T00000X	https://www.capeercertification.org/	None
	AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	None	None
	ACCBC, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://www.accbc.org/	ACCBC
	ACCBC, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://www.accbc.org/	ACCBC
	CADTP, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://cadtpcounselors.org/verify-credentials/	CADTP
	CADTP, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://cadtpcounselors.org/verify-credentials/	CADTP
	CCAPP, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://ccappcredentialing.org/index.php/verify-credential	CCAPP
	CCAPP, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://ccappcredentialing.org/index.php/verify-credential	CCAPP

7. DIRECT SERVICE STAFF CREDENTIALS/ POSITION

Direct Service Staff Credentials / Position		
General Providers (Other)		**User Role: AODCOUNSELOR**
☐ AOD COUNSELOR		
Peer Support Specialist		**User Role: AODPSS**
☐ Peer Support Specialist		
Clinician		**User Role: AODClinician**
☐ ASW ☐ AMFT ☐ APCC ☐ LMFT ☐ LCSW ☐ LPCC ☐ Psychologist ☐ Reg Psychologist ☐ Reg Psychological Associate		
Clinicians (STUDENT Clinician)	☐ Clinician Student Intern	**User Role: AODMATRAINEE**
Medical Nursing Providers		**User Roles**
Psychiatry ☐ MD - Psychiatrist ☐ DO - Psychiatrist ☐ MD ☐ NP ☐ NPF		**AODMEDICAL**
Nurse ☐ RN		
LPT ☐ LPT ☐ LVN		

8. PRESCRIBER LICENSE/ CERTIFICATION INFORMATION



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.