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.

updated last 6.1.23
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.

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/](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/

[Table showing National Provider Identifier (NPI) – All Providers]

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

7. DIRECT SERVICE STAFF CREDENTIALS/ POSITION

8. PRESCRIBER LICENSE/ CERTIFICATION INFORMATION
This Section is for MediCare: Only applies to MD, NP, LCSW.

<table>
<thead>
<tr>
<th>Prescriber License / Certification Information – Prescribers Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare PTAN Information:</td>
</tr>
<tr>
<td>DEA # (MD/DO/NPF):</td>
</tr>
<tr>
<td>Effective Date:</td>
</tr>
<tr>
<td>MD Board Certified? ☐ Yes, Board:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DEA #(MD/OD/NPF)</th>
<th>MD Board Certified: ☐ Yes, Board:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Supervisor Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Supervisor Name:</td>
</tr>
<tr>
<td>Direct Supervisor Email:</td>
</tr>
<tr>
<td>Name of Supervisor Completing this Form:</td>
</tr>
<tr>
<td>Date of Request:</td>
</tr>
</tbody>
</table>

**For Clinical Student Interns: The Supervisor is the person signing off on therapy hours. If you are supervising a Clinical Student Intern, you must be credentialed as a Clinician and have an Avatar therapist number/account. If you do not have a Avatar therapist number/account, please complete a Mental Health Credentialing Form so that you can obtain one.**