



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.

Instructions to IT Team for Set up:

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.

Provider/Staff Information:

Name*: Last First and Middle

Birthdate: Social Security Number:

Work Email: Work Phone:

Position: System: County Staff Contractor SPPN

***Licensed / Registered Staff:**
NAME EXACTLY as it appears on license/registration at <https://search.dca.ca.gov/>

***No License / Not registered:**
NAME EXACTLY as it appears at <https://nppes.cms.hhs.gov/#/>

3. PROVIDER/STAFF SET UP

Provider/Staff Set Up (Check all that Apply):

<input type="checkbox"/> New Avatar User	<input type="checkbox"/> Update to current Provider or Avatar User. Specify Update Needed:
<input type="checkbox"/> New Therapist/Provider Number (NEW Direct Service Provider)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Full Avatar Access (Clinical role: progress notes, other clinical documents)	
<input type="checkbox"/> Administrative Avatar (Avatar PM) (Admissions, discharging, etc.) (User Role: Admin)	
<input type="checkbox"/> Requires Co-Signature for Clinical Documents (Co-Signer’s Name: <input type="text"/>)	
<input type="checkbox"/> Avatar Order Connect (Prescribing in Avatar) (County Medical Staff Only)	Effective Date: <input type="text"/>

4. **POSITION WORK PROGRAM:** Location is usually your Program “Central Adult” or “PV” if there is no program write in office address.



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Program/Work Site Information:		
Agency Name: _____	Program Name: _____	
Location/Address: _____	Work Zip Code: _____	
<i>AARS (no location role)</i>	<i>Fred Finch (no location role)</i>	<i>Rebekah Children's Services (no location)</i>
<i>Caminar (caminar)</i>	<i>Front Street (no location role)</i>	<i>StarVista (svgirls)</i>
<i>Children's Health Council (no location)</i>	<i>Mateo Lodge (mateolodge)</i>	<i>StarVista Women's Enrichment Center</i>
<i>Cordilleras (cordilleras)</i>	<i>Mental Health Association (mha)</i>	<i>Telecare (telecare transitions)</i>
<i>Daly City Youth (no location role)</i>	<i>Prep/Beam (no location role)</i>	<i>Youth Service Bureau (no location role)</i>
<i>Edgewood (edgewood)</i>	<i>Psynergy (no location role)</i>	<i>Other (Specify): _____</i>

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.

Direct Service Staff Information			
Demographic Information			
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender (MtoF) <input type="checkbox"/> Transgender (FtoM) <input type="checkbox"/> Queer <input type="checkbox"/> Another Gender <input type="checkbox"/> Undisclosed	Language (FLUENT - Provides Services) <input type="checkbox"/> American Sign Language <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Tongan <input type="checkbox"/> Other Language(s) _____	Ethnicity/Race <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black-African-American <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> American Native <input type="checkbox"/> Unknown <input type="checkbox"/> Multiple <input type="checkbox"/> Other Race(s) _____	
Details of Service to be Provided			
# of Hours per week serving SM Medi-Cal Clients: _____	Telehealth <input type="checkbox"/> Yes <input type="checkbox"/> No	Field-Based <input type="checkbox"/> Yes <input type="checkbox"/> No	If Field-Based: Distance (Range) Travels to Provide Field-Based Services: _____
Areas of Expertise			
Cultural Competence Training (within last year): <input type="checkbox"/> Yes <input type="checkbox"/> No			
MENTAL HEALTH AREA OF EXPERTISE: <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> TAY <input type="checkbox"/> Older Adult <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Veterans			
PROVIDER PRACTICE FOCUS (Please select up to 5 that apply):			
<input type="checkbox"/> Adjustment Disorders <input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Depressive Disorders <input type="checkbox"/> Bi-polar Disorders <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Somatoform Disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Delirium <input type="checkbox"/> Substance-Related Disorders	<input type="checkbox"/> Schizophrenia-Other Psychotic Disorders <input type="checkbox"/> Dementia, and Amnesic and other Cognitive Disorders <input type="checkbox"/> Mental Disorders Due to a General Medical Condition <input type="checkbox"/> Sexual and Gender Identity Disorders	<input type="checkbox"/> Disorders Usually First Diagnosed Infancy, Childhood, Adolescence <input type="checkbox"/> Impulse-Control Disorders Not Otherwise Elsewhere Categorized

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.



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IMPORTANT: If the provider's NPI Taxonomy is 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/>

National Provider Identifier (NPI) – All Providers			
NPI #:	Taxonomy Code:		
License/Registered Providers – Lic/Reg #:	Issuance Date:	Expiration Date:	

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

	PRACTITIONER CATEGORY (PRINTS ON DOCUMENTS)	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRESS NOTES)MS	PROFESSIONAL USER ROLES CONTROLS CLINICAL DOC not PN) AVATAR user	TAXONOMY CODE	Verify License	Board
	ADMINISTRATOR- ADDITIONAL USER ROLES May be added	N/A	OTHER	ADMN	None	None	None
	ACSW (ASSOCIATE CLINICAL SOCIAL WORKER)	(2) SOCIAL WORKER – ASW	SOCIAL WORK	CLINICIAN	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
	AMFT (ASSOCIATE MARRIAGE FAMILY THERAPIST)	(3) CLINICIAN THERP-AMFT,LMFT,LPCC,APCC	FAMILY THERAPIST	CLINICIAN	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
	APCC (ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR)	(3) CLINICIAN THERP-AMFT,LMFT,LPCC,APCC	FAMILY THERAPIST	CLINICIAN	101Y	https://search.dca.ca.gov/	Behavioral Sciences
	LCSW (LICENSED CLINICAL SOCIAL WORKER)	(1) LICENSED CLINICAL SOCIAL WORKER (LCSW)	SOCIAL WORK	CLINICIAN	1041C0700X	https://search.dca.ca.gov/	Behavioral Sciences

7. DIRECT SERVICE STAFF CREDENTIALS/ POSITION

Direct Service Staff Credentials / Position	
General Providers (Other)	User Role: COMMUNITY WORKER
<input type="checkbox"/> Community Worker <input type="checkbox"/> MSW (Masters Social Work) <input type="checkbox"/> Peer Support Worker <input type="checkbox"/> Mental Health Rehabilitation Specialist <input type="checkbox"/> Counselor <input type="checkbox"/> Mental Health Counselor <input type="checkbox"/> Family Partner <input type="checkbox"/> LEP	
Peer Support Specialist	User Role: PEER SUPPORT SPECIALIST
<input type="checkbox"/> Peer Support Specialist	
Clinicians	User Role: CLINICIAN
<input type="checkbox"/> ASW <input type="checkbox"/> AMFT <input type="checkbox"/> APCC <input type="checkbox"/> LMFT <input type="checkbox"/> LCSW <input type="checkbox"/> LPCC <input type="checkbox"/> Psychologist <input type="checkbox"/> Reg Psychologist <input type="checkbox"/> Reg Psychological Associate	
Clinicians (STUDENT Clinician)	User Role: MATRAINEE
<input type="checkbox"/> Clinician Student Intern	
Medical Nursing Providers	User Roles
Psychiatry <input type="checkbox"/> MD - Psychiatrist <input type="checkbox"/> DO - Psychiatrist <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> NPF <input type="checkbox"/> PMH <input type="checkbox"/> Physician Assist	MDSRNS
Nurse <input type="checkbox"/> RN	RNSNOMHMASTERS
Nurse Psy <input type="checkbox"/> RN, MS (RN, MS PSY) <input type="checkbox"/> CNS	RNSMHMASTERS
LPT <input type="checkbox"/> LPT <input type="checkbox"/> LVN	LPT
Residents <input type="checkbox"/> MD – Resident Post-Graduate Training License (PTL) <input type="checkbox"/> RN-Intern-NP <input type="checkbox"/> DO – Resident Post-Graduate Training License (PTL) <input type="checkbox"/> MD - Psychiatrist - Resident	MD RESIDENT
	MDSRNS

8. PRESCRIBER LICENSE/ CERTIFICATION INFORMATION



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This Section is for MediCare: Only applies to MD, NP, LCSW.

Prescriber License / Certification Information – Prescribers Only	
Medicare PTAN Information:	Effective Date:
DEA # (MD/DO/NPF):	MD Board Certified? <input type="checkbox"/> Yes, Board:

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

Supervisor Information:	
Direct Supervisor Name:	Direct Supervisor Email:
Name of Supervisor Completing this Form:	Date of Request:

Provider/Staff:	Supervisor Completing Form:	Date of Request:
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****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.****