

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY/ PROCEDURE

<b>Policy/Procedure Number: MPCR303</b>			<b>Lead Department: Network Services</b> Business Unit: Credentialing	
<b>Policy/Procedure Title:</b> Applied Behavioral Health and Substance Use Disorder Practitioner Credentialing and Re-credentialing Requirements			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 7/27/2018		<b>Next Review Date:</b> 06/10/2026 <b>Last Review Date:</b> 06/11/2025		
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input checked="" type="checkbox"/> <b>Partnership Advantage</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b> <input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>P &amp; T</b> <input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>QUAC</b> <input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>	
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b> <input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input checked="" type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>FINANCE</b> <input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>	<input type="checkbox"/> <b>PAC</b>
<b>Approval Signature:</b> <i>Mark Netherda, MD</i>			<b>Approval Date:</b> 06/11/2025	

**I. RELATED POLICIES:**

- A. MPUP3126 Behavioral Health Treatment for Members Under the Age of 21
- B. MCUP3101 Screening and Treatment for Substance Use Disorder

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Grievance and Appeals

**III. DEFINITIONS:**

Applied Behavioral Health: Services Provided to families of individuals with developmental delays and special needs.

**IV. ATTACHMENTS:**

- A. [Credentialing Verification sources used by Partnership HealthPlan for Individual Practitioners](#)
- B. [Notice to Practitioners of Credentialing Rights and Responsibilities](#)
- C. [Practitioner Types and Credentialing/Re-Credentialing Criteria Summary](#)

**V. PURPOSE:**

- A. The purpose of the practitioner credentials review is to ensure that participating practitioners possess the experience, license, certification, privileges, professional liability coverage, education, and other qualifications necessary to provide a level of care consistent with professionally recognized standards; and in accordance with Partnership HealthPlan of California (Partnership) policy, and applicable credentialing and certification requirements of the State of California, the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), the Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA).
  - B. To describe the credentialing and re-credentialing requirements for the following Applied Behavioral Health and Substance Use Disorder Providers contracted with Partnership.
    - 1. Board Certified Assistant Behavior Analyst (BCaBA)
    - 2. Board Certified Behavioral Analyst (BCBA)
    - 3. Board Certified Behavioral Analyst – Doctorate (BCBA-D)
    - 4. Alcohol or Other Drug counselors that are Registered or Certified with one of the following DHCS approved agencies:
      - a. California Association for Alcohol and Drug Educators (CAADE);
      - b. California Association of DUI Treatment Programs (CADTP); or
      - c. California Consortium of Addiction Programs and Professionals (CCAPP).
- Including, but not limited to:

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Certified Addiction Treatment Counselor (CATC)  
 Certified Addiction Treatment Counselor I (CATC –I)  
 Certified Addiction Treatment Counselor II (CATC-II)  
 Certified Addiction Treatment Counselor III (CATC-III)  
 Certified Addiction Treatment Counselor IV (CATC-IV)  
 Certified Addiction Treatment Counselor V (CATC-V)  
 Certified Addiction Treatment Counselor N (CATC-N)  
 Registered Addiction Treatment Counselor (RATC)

#### VI. **POLICY / PROCEDURE:**

Partnership only credentials Licensed Medical Professionals or BACB® certified providers for Autism Spectrum Disorder treatment; not all ABA providers fall within the current credentialing scope since many of the ABA providers per definition of California SB 946 (2012) are not licensed. Providers who are not licensed or BACB® certified may only provide ABA services while under the supervision of a Partnership credentialed provider.

All practitioners or groups of practitioners that have an independent relationship with Partnership will be credentialed before they provide care to members. Thereafter, Partnership re-credentials its practitioners every thirty-six (36) months. The 36-month re-credentialing cycle begins on the date of the previous credentialing decision.

If Partnership cannot re-credential a practitioner within the 36-month time frame because the practitioner is on active military assignment, medical leave or sabbatical, the organization documents this and re-credentials the practitioner within 60 calendar days of the practitioner's return to practice. The 36-month review cycle is counted to the month, not the day.

If a practitioner terminates with the Plan for administrative reasons, and not quality reasons, Partnership may reinstate the practitioner within thirty (30) calendar days without performing initial credentialing. Partnership performs initial credentialing if reinstatement is more than 30 calendar days after termination.

##### A. Verification Sources

1. Partnership uses the sources listed on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan of California for Individual Practitioners" to primary source and verify practitioner's credentials.

##### B. Initial Credentialing Criteria

1. All practitioners are required to submit the following documentation:
  - a. A completed signed credentialing application
  - b. A current signed release form and attestation confirming the correctness and completeness of the application, to include:
    - 1) Ability to perform the essential functions of the position
    - 2) Lack of present illegal drug use.
    - 3) History of loss of license and felony convictions.
    - 4) History of loss or limitation of privileges or disciplinary actions.
  - c. A current copy of:
    - 1) Board Certification as either a BCaBA, BCBA, or BCBA –D, or CATC.
    - 2) Face Sheet of Professional Liability Certification (Certificate of Insurance)
  - d. A current Curriculum Vitae (CV) that details the practitioner's work history.

All questions on the attestation must be answered and all adverse answers must be explained in writing by the applicant.

2. Documentation and information required may not be more than 120 calendar days old at the time of Credentials Committee review.
3. Partnership only credentials Licensed Medical Professionals or BACB® certified providers for

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Autism Spectrum Disorder treatment; not all ABA providers fall within the current credentialing scope since many of the ABA providers per definition of California SB 946 (2012) are not licensed. Providers who are not licensed or BACB® certified may only provide ABA services while under the supervision of a Partnership credentialed provider.

4. All practitioners or groups of practitioners that have an independent relationship with Partnership will be credentialed before they provide care to members. Thereafter, Partnership re-credentials its practitioners every thirty-six (36) months. The 36-month re-credentialing cycle begins on the date of the previous credentialing decision.
5. If Partnership cannot re-credential a practitioner within the 36-month time frame because the practitioner is on active military assignment, medical leave or sabbatical, the organization documents this and re-credentials the practitioner within 60 calendar days of the practitioner's return to practice. The 36-month review cycle is counted to the month, not the day.

If a practitioner terminates with the Plan for administrative reasons, and not quality reasons, Partnership may reinstate the practitioner within thirty (30) calendar days without performing initial credentialing. Partnership performs initial credentialing if reinstatement is more than 30 calendar days after termination.

**C. Verification Sources**

Partnership uses the sources listed on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan of California for Individual Practitioners" to primary source and verify practitioner's credentials.

**D. Initial Credentialing Criteria**

1. All practitioners are required to submit the following documentation:
  - a. A completed signed credentialing application
  - b. A current signed release form and attestation confirming the correctness and completeness of the application, to include:
    - 1) Ability to perform the essential functions of the position
    - 2) Lack of present illegal drug use.
    - 3) History of loss of license and felony convictions.
    - 4) History of loss or limitation of privileges or disciplinary actions.
  - c. A current copy of:
    - 1) Board Certification as either a BCaBA, BCBA, or BCBA –D, or CATC.
    - 2) Face Sheet of Professional Liability Certification (Certificate of Insurance)
  - d. A current Curriculum Vitae (CV) that details the practitioner's work history.
  - e. All questions on the attestation must be answered and all adverse answers must be explained in writing by the applicant.
2. Documentation and information required may not be more than 120 days old at the time of Credentials Committee review.
3. Documents submitted by practitioners will be verified to ensure the following requirements are met prior to presentation to the Credentials Committee.
  - a. Possession of a current, valid, unencumbered, unrestricted, and non-probationary Board Certification as either a BCaBA, BCBA, or BCBA –D, or CATC.
  - b. BCaBA providers must work under the supervision of a Partnership credentialed BCBA, or BCBA-D provider.
  - c. Freedom of any sanctions or clinical limitations. Verification of the most recent five year period available through applicable state licensing boards as listed on Attachment A, "Credentialing Verification sources used by Partnership HealthPlan for Individual Practitioners." A query of the following sites will be conducted to confirm the practitioner is free of sanctions:
    - 1) Department of Health Care Services: Medi-Cal Suspended and Ineligible Provider List

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- 2) System for Aware Management (SAM) Exclusions from US Government Programs
  - 3) Centers for Medicare and Medicaid Services (CMS): Exclusions from Medicare and Medicaid
  - 4) Office of Inspector General (OIG): Exclusions from Federally Funded Programs
  - 5) National Practitioner Database
  - d. Any provider found on any sanction reports, including but not limited to the above resources, cannot participate in the State Medi-Cal Program and/or the Plan's Managed Medi-Cal Program.
  - e. Possession of a valid National Provider Identifier (NPI)
  - f. Professional liability coverage in the amount of \$1,000,000 per incident and \$1,000,000 in aggregate for all Certified Applied Behavior Health practitioners.
  - g. Confirmation of the past five years of malpractice settlements from the malpractice carrier or queries of the National Practitioner Databank.
  - h. Education and training is verified through possession of a current BACB Certificate.
  - i. Documentation of the most recent five years of continuous work history.
    - 1) A gap in work history greater than 6 months requires a verbal clarification by the practitioner
    - 2) A gap in work history greater than 12 months requires a written clarification by the practitioner
  - j. Current Medi-Cal status as verified through a query DHCS PAVE Portal, which is updated monthly with the Enrolled Medi-Cal Fee for Service Provider List
  - k. In order to participate in Partnership Advantage, a provider must be enrolled in and able to bill the Medicare program.
  - l. Freedom of any Medicare/Medi-Cal sanctions as verified by those sources identified on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners."
  - m. All unlicensed ABA providers who work for a contracted group practice must have a Criminal History Background check prior to providing services to Partnership Members.
    - 1) The contracted Partnership group is responsible for conducting these background checks. All background checks must have been completed within the past 12 months of the execution of the Provider Agreement unless the group has a contract with a company that performs ongoing monitoring by the Department of Justice.
  - n. Individual unlicensed ABA therapists must submit to a criminal background check by Partnership. ABA Therapist must be free of any adverse findings that could negatively impact the services they are contracted to provide.
  4. Practitioners are notified in writing when given a credentialing application that they have a right to be informed of the status of their application upon request, a right to review any portion of their personal credentials file related to information submitted in support of their credentialing application, a right to be notified of discrepancy between information provided on the credentialing application and the primary source verification, and they have the right to correct any identified erroneous information, provided the information is not peer review protected. (Attachment B, "Notice to Practitioners of Credentialing Rights/Responsibilities.")
- E. Re-Credentialing Requirements
1. All practitioners are required to submit the following documentation:
    - a. A completed signed Credentialing Application
    - b. A current signed release form and attestation confirming the correctness and completeness of the application, to include:
      - 1) Ability to perform the essential functions of the position
      - 2) Lack of present illegal drug use.

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- 3) History of loss of license and felony convictions.
- 4) History of loss or limitation of privileges or disciplinary actions.
2. Practitioners will receive the Partnership Notification of Credentialing Rights and Responsibilities with their Credentialing Application. (Attachment B “Notice to Practitioners of Credentialing Rights/Responsibilities.”)
3. Documentation and information required may not be more than 120 calendar days old at the time of Credentials Committee review.
  1. Documentation will be verified in the same manner, using the same sources listed in Attachment A, “Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners”, as the initial credentialing process to ensure the practitioner has remained current and in good standing

#### **VII. REFERENCES:**

- A. National Committee for Quality Assurance (NCQA), 2024 CR 1, Element A, Factors 1, 2, 3,8 & 13
- B. 2025 NCQA, CR 1, Element B, Factors 1, 2, & 3
- C. 2025 NCQA, CR 3, Element A, Factors 1, 2, 3, 4, 5, & 6
- D. 2025 NCQA, CR 3, Element B, Factors 1, 2 & 3
- E. 2025 NCQA, CR 3, Element C, Factors 1, 2, 3, 4, 5, 6 & 7
- F. 2025 NCQA, CR 4, Element A
- G. California Department of Health Care Services (DHCS) All Plan Letter (APL) [22-013 Provider Credentialing/Recredentialing and Screening/Enrollment](#) (June 12, 2019 supersedes APL 17-019)
- H. California SB 946 (2012), Chapter 6.6 of Division 2 of the Business and Professions Code, BACB California Health and Safety Code Section 1374.73
- I. 42 CFR 424, subpart P – Requirements for Establishing and Maintaining Medicare Billing Privileges.

#### **VIII. DISTRIBUTION:**

- A. Partnership Provider Manual

#### **IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Director, Network Services

#### **X. REVISION DATES:** 08/08/2018, 08/14/2019, 11/13/2019, 04/08/2020, 2/10/2021, 02/09/2022, 02/08/2023, 02/14/2024, 06/11/25

#### **PREVIOUSLY APPLIED TO:**

Archived Policy  
MP CR 18 Applied Behavioral Health Provider Credentialing Policy