BEHAVIORAL HEALTH ORGANIZATIONAL ENDORSEMENT APPLICATION FORM

Behavioral Health Organizational Endorsement: Application Process

Overview
Colorado Access' greatest priority is maintaining a high clinical standard of care for our members. Our organizational credentialing policy will help ensure that providers within mental health organizations and primary care settings are receiving the appropriate level of supervision and oversight. Our goal is to ensure excellent member care and support expansion of the behavioral health workforce. Additionally, COA is allowing organizationally credentialed provider groups to explore the deployment of staff to function as case managers, community outreach personnel, or peers. This will allow clinics to design a high-quality continuum of care by effectively using staff that can deliver services appropriate to their level of training and education.

If you have any credentialing questions, please contact credentialing@coaccess.com.
If you have any questions about the requirements on page 2, please contact clinical@coaccess.com.

Required Application Materials

☐ Must be enrolled and validated by Health First Colorado (Medicaid)

☐ Completed CAQH profile for licensed clinicians responsible for supervision. Licensed clinicians will be individually credentialed by Colorado Access.

☐ Complete this application, including signed and dated attestation and authorization

☐ Completed Appendix 1 (pages 5-15 of this application)

☐ Copy of organization's W9

☐ Copy of malpractice insurance

- Demonstration of sufficient liability coverage for supervisors' supervision activities and for the clinical work performed by trainees and unlicensed practitioners), and
- Minimum limits of liability of $1 million per incident and $3 million aggregate, with the exception of public entities that have coverage through a Self-Insurance Trust, the Federal Tory Claims Act (FTCA) or have governmental immunity (must be in effect at the time of the decision date).

☐ Copy of organization's clinical supervision policy

- Requirements for supervision policy found on page 2

☐ If organization is licensed through OBH or as a Behavioral Health Entity (NOT REQUIRED), a copy of the organization's current license, or a copy of the certification notification from the State of Colorado.

☐ If accredited, a copy of the most recent accreditation certificate

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Please return completed application and supporting documentation to credentialing@coaccess.com.

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Site Visit

Colorado Access will conduct a site review of the organization to assess physical environment, processes to ensure member rights, and/or confirmation of implementation of the policies and procedures above. Colorado Access conducts an on-site review of the provider organization as part of the initial credentialing assessment IF:

a. OBH did NOT conduct an on-site visit as part of its designation review and full approval, OR
b. The COA review of provider organization's application, supporting documents, and supplemental materials indicated that additional information or assessment is needed.

Clinical Supervision Policy Requirements

STANDARD	REQUIREMENTS
Informed Consent	• Provide copy of supervisor's mandatory disclosure statement • Provide sample copy of supervisee's mandatory disclosure statement
Criteria for Evaluation	• Provide rubric or feedback mechanism for evaluating supervisee's progress that is tied to the responsibilities assigned
Frequency	• Policy addresses frequency of formal supervision sessions • Policy addresses frequency that supervisor reviews (and provides feedback on) documentation
Interventions	• Policy addresses a variety of supervisory mechanisms, including direct observation (recordings of counseling sessions, live observation), case conceptualization presentations, review of documentation, and/or individual/triadic/group supervision • Policy addresses counseling skills, self of the therapist, professional behaviors, ethical/legal issues, cultural considerations, evidence-based practices • Policy addresses maximum number of supervisees a supervisor oversees
Documentation	• Policy requires licensed supervisor to co-sign all documentation produced by unlicensed supervisee • Policy outlines how supervisor will document supervision sessions
Legal	• Policy requires supervisor and supervisee to follow all applicable laws and ethical guidelines of the profession • LPC Supervisors meet all criteria for supervisors outlined in 4 CCR 737-1 • LCSW, LMFT, PsyD/PhD Supervisors have advanced training/experience in supervising unlicensed clinicians
Crisis	• Policy outlines protocol for managing a client in crisis or urgent/emergent situations including the availability of the supervisor to the supervisee in the event of a crisis

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Application Information

Legal name of organization:

DBA name (if applicable):

NPI number: Tax ID: Medicaid site ID:

Physical address: (Please attach a clinic roster if there are multiple sites and include NPI and Medicaid site ID for each location)

Credentialing mailing address (if different from above):

Administrative contact (person responsible for the completion of this application):

Contact name:

Phone:

Email address:

Fax number:

Application contact and title (if not the CEO or executive director)

Phone:

Email:

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Attestation And Consent for Release Of Information

Please include an explanation of any question(s) answered yes.

1. Within the past three years, has the facility had any Medicare and/or Medicaid sanctions?

Y ☐ N ☐

2. Within the past three years, has the facility had any remedies imposed by the State to include State monitoring, civil monetary penalties, denial of Medicaid payment for new admissions, or temporary management and/or closure?

Y ☐ N ☐

All information provided on this application or in connection with this application is complete and accurate to the best of the organization's knowledge. The organization understands that this application does not entitle the organization to participation in Colorado Access and/or Child Health Plan *Plus* (CHP+) State Managed Care Network networks. The organization agrees that entities providing information in good faith, pursuant to this release, shall not be liable for any act or omission related to the evaluation or verification of information contained in this application. All information submitted to Colorado Access by such entities will be treated as confidential. The organization further agrees to notify Colorado Access in a timely manner of any changes to the information provided on the application, including any Medicare and Medicaid sanctions or remedies imposed by the State.

I attest and certify that the medical and/or clinical staff is legally and professionally qualified for the positions to which they are appointed.

I attest that this organization credentials its individual practitioners.

The organization hereby authorizes any accrediting body, governmental entity, association, organization, person or Insurance Company to release the information requested herein and to provide confirmation of the answers contained herein to Colorado Access or any affiliate of Colorado Access. This authorization shall be valid for so long as the organization is a Colorado Access and/or CHP+ State Managed Care Network contracted provider. A copy of the signature is as binding as the original.

_____ _____

Signature of chief administrator or authorized Person Date

_____

Print name of chief administrator or authorized Person

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