



CONTRA COSTA MENTAL HEALTH PLAN CREDENTIALING APPLICATION CHECKLIST

Category	Minimum Requirements	Required Documentation
Medical		
MD, DO	<ul style="list-style-type: none"> ▪ Possession of a current, valid and unrestricted license to practice as a physician and surgeon granted by the California Medical Board or by the Board of Osteopathic Examiners. ▪ Possession of a current, valid and unrestricted Drug Enforcement Administration registration issued by U.S. Department of Justice 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “ yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current MD or DO license ▪ A copy of current, valid and unrestricted DEA registration ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 2084P0800X
Nursing		
Nurse Practitioner (NP)	<ul style="list-style-type: none"> ▪ Possession of a current, valid and unrestricted Nurse Practitioner license issued by the California Board of Registered Nursing ▪ Possession of a current, valid and unrestricted Drug Enforcement Administration registration issued by U.S. Department of Justice 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “ yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current NP license ▪ A copy of current, valid and unrestricted DEA registration ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 363LP0808X
Registered Nurse (MSN, BSN, ADN)	<ul style="list-style-type: none"> ▪ Possession of a current, valid and unrestricted Registered Nurse license issued by the California Board of Registered Nursing 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “ yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current Registered Nurse license ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 163W00000X, 163WP0809X or 163WP0807X



CONTRA COSTA MENTAL HEALTH PLAN CREDENTIALING APPLICATION CHECKLIST

Category	Minimum Requirements	Required Documentation
Psychiatric Technician	<ul style="list-style-type: none"> ▪ Possession of a valid license to practice as Psychiatric Technician issued by the State of California Board of Vocational Nurse and Psychiatric Technician Examiners 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of LPT license ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 167G0000GX
Licensed Mental Health Professionals (LMHP)		
Psychologist	<ul style="list-style-type: none"> ▪ Possession of a valid, current and unrestricted license as a Psychologist issued by the State of California, Board of Psychology 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current license issued by the State of California, Board of Psychology ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 103TC0700X
Social Worker	<ul style="list-style-type: none"> ▪ Possession of a valid, current and unrestricted license as a Clinical Social Worker issued by the State of California, Board of Behavioral Science Examiners 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current license issued by the State of California, Board of Behavioral Science Examiners ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 1041C0700X

CONTRA COSTA MENTAL HEALTH PLAN CREDENTIALING APPLICATION CHECKLIST

Category	Minimum Requirements	Required Documentation
Marriage and Family Therapist	<ul style="list-style-type: none"> ▪ Possession of a valid, current and unrestricted license as a Marriage and Family Therapist issued by the State of California, Board of Behavioral Science Examiners 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current license issued by the State of California, Board of Behavioral Science Examiners ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 106H00000X
Professional Clinical Counselor	<ul style="list-style-type: none"> ▪ Possession of a valid and current license without limitations as a Professional Clinical Counselor issued by the State of California, Board of Behavioral Science Examiners ▪ This group of LPCCs will have a secondary status on Breeze – State of California to confirm they can provide assessment and treatment to couples and families. 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current license issued by the State of California, Board of Behavioral Science Examiners ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 101YP2500X
Professional Clinical Counselor - Restricted	<ul style="list-style-type: none"> ▪ Possession of a valid and current license as a Professional Clinical Counselor issued by the State of California, Board of Behavioral Science Examiners ▪ The scope of practice for LPCC – Restricted does not include Family Therapy (Procedure Codes 319 & 320). 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current license issued by the State of California, Board of Behavioral Science Examiners ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 101YP2500X

CONTRA COSTA MENTAL HEALTH PLAN CREDENTIALING APPLICATION CHECKLIST

Category	Minimum Requirements	Required Documentation
Intern		
Psychologist Intern (PhD-Waivered, PsyD-Waivered, or Pre-Doctoral Waivered)	<ul style="list-style-type: none"> ▪ Post-Doctoral Interns (PsyD and PhD Waivered) Possession of an earned doctorate degree in psychology, in education psychology, or in education with the field of specialization in counseling psychology or educational psychology in order to obtain supervised post-doctoral hours towards licensure as a psychologist. ▪ Pre-Doctoral Waivered Intern A Pre-Doctoral Intern is one who is in the process of earning a doctoral degree with a formal internship. 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ Verification of highest level of education attained (a copy of degree or official transcript) ▪ A copy of curriculum vita or resume ▪ A copy of official transcript ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 390200000X
Associate Clinical Social Worker	<ul style="list-style-type: none"> ▪ Possession of a Master’s in Social Work from an accredited graduate school program that prepares the student for licensure as a social worker. ▪ Possession of a valid and current registration as an Associate Clinical Social Worker issued by the State of California, Board of Behavioral Science Examiners. 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current registration issued by the State of California, Board of Behavioral Science Examiners ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 1041C0700X or 390200000X
Associate Marriage and Family Therapist	<ul style="list-style-type: none"> ▪ Possession of a Master’s in Marriage and Family Therapy from an accredited graduate school program that prepares the student for licensure as a marriage and family therapist. ▪ Possession of a valid and current registration as an Associate Marriage and Family Therapist issued by the State of California, Board of Behavioral Science Examiners. 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current registration issued by the State of California, Board of Behavioral Science Examiners ▪ A copy of government-issued identification (driver’s license or



CONTRA COSTA MENTAL HEALTH PLAN CREDENTIALING APPLICATION CHECKLIST

Category	Minimum Requirements	Required Documentation
		<ul style="list-style-type: none"> passport) ▪ NPI registration with primary taxonomy code 106H00000X or 390200000X
Associate Professional Clinical Counselor	<ul style="list-style-type: none"> ▪ Possession of a Master’s in Clinical Counseling or Psychotherapy from an accredited graduate school program that prepares the student for licensure as a professional clinical counselor. ▪ Possession of a valid and current registration as an Associate Professional Clinical Counselor issued by the State of California, Board of Behavioral Science Examiners. 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ A copy of current registration issued by the State of California, Board of Behavioral Science Examiners ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 101YP2500X or 390200000X
Trainees		
Trainees	<ul style="list-style-type: none"> ▪ Participating in a field placement while enrolled in an accredited Master’s program in marriage and family therapy, clinical counseling, psychotherapy or social work, or Doctoral (PhD or PsyD) program that will prepare the student for licensure within his/her professional field. ▪ There is no minimum experience required. 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper. ▪ SSN Consent Form (MHA22c) ▪ Verification of highest level of education attained (a copy of degree or official transcript) ▪ A copy of government-issued identification (driver’s license or passport) ▪ Executed agreement or contract between the agency and school ▪ Field placement agreement signed by the student, individual supervisor and/or training coordinator and school field placement liaison. ▪ NPI registration with primary taxonomy code 390200000X
Mental Health Rehabilitation Specialist (MHRS)		
Mental Health Rehabilitation Specialist (MHRS)	<p>Must meet one of the following requirements:</p> <ul style="list-style-type: none"> ▪ An Associate’s degree in the field of psychology or closely related field and six years of experience in a 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) Note: If you answer “yes” to any of the attestation questions A

CONTRA COSTA MENTAL HEALTH PLAN CREDENTIALING APPLICATION CHECKLIST

Category	Minimum Requirements	Required Documentation
	<p>mental health setting as a specialist. Two years of the experience must have been accrued after obtaining the Associate’s degree. Two years of post associate arts clinical experience requires a sequence where first, an Associate degree is obtained and second, clinical experience is obtained.</p> <ul style="list-style-type: none"> ▪ A Baccalaureate degree in the field of psychology or closely related field and four years of experience in a mental health setting as a specialist. ▪ A Master’s degree in the field of psychology or closely related field and two years of experience in a mental health setting as a specialist. <p>“Experience” is defined as verifiable experience, either paid/unpaid, full-time or full-time equivalence, including practicum experiences gained in professional training programs;</p> <p>“Specialist” is defined as a role primarily working with/providing services to clients</p>	<p>through M, you must provide a detailed explanation on a separate sheet of paper.</p> <ul style="list-style-type: none"> ▪ SSN Consent Form (MHA22c) ▪ Verification of highest level of education attained (a copy of degree or official transcript) ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 101YM0800X
Designated Mental Health Worker (DMHW)		
Designated Mental Health Worker (DMHW)	<ul style="list-style-type: none"> ▪ Must be at least 18 years of age ▪ Possession of a high school diploma or G.E.D. equivalency ▪ No experience required 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22) <p>Note: If you answer “ yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper.</p> <ul style="list-style-type: none"> ▪ SSN Consent Form (MHA22c) ▪ Verification of highest level of education attained (a copy of degree or official transcript) ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 101YM0800X
Therapeutic Foster Care (TFC) Parent		
Therapeutic Foster Care (TFC) Parent	<ul style="list-style-type: none"> ▪ Must be at least 21 years of age with a high school diploma or equivalent degree; 	<ul style="list-style-type: none"> ▪ ShareCare ID Request Form (MHA12) ▪ Credentialing/Privileging Form (MHA22)

CONTRA COSTA MENTAL HEALTH PLAN CREDENTIALING APPLICATION CHECKLIST

Category	Minimum Requirements	Required Documentation
	<ul style="list-style-type: none"> ▪ Must be an approved resource parent; and ▪ Must complete forty (40) hours of initial TFC parent training and twenty-four (24) hours of annual/ongoing training. 	<p>Note: If you answer “yes” to any of the attestation questions A through M, you must provide a detailed explanation on a separate sheet of paper.</p> <ul style="list-style-type: none"> ▪ SSN Consent Form (MHA22c) ▪ Verification of highest level of education attained (a copy of degree or official transcript) ▪ A copy of government-issued identification (driver’s license or passport) ▪ NPI registration with primary taxonomy code 101YM0800X