Santa Barbara County Department of Behavioral Wellness

Service Provider Update Instructions

Refer to Staff Credentialing and Re-Credentialing Policy No. 4.015

Allow up to 5 business day for the request to be processed

Manager or Supervisor are required to contact Quality Care Management (QCM) at: BWELLQCM@sbcbwell.org for the following reasons and provide the following documentation in the email, if applicable. Form no longer needs to be completed, instructions can be used as a guide:

• Current employee changes position
  - ☐Attach new job description
  - ☐Attach professional license, registration, waiver, or graduate students (supervisor agreement and proof of enrollment), if new position requires that staff provide mental health therapy and assessment services

• Current employee meets the requirements to change level of qualification from Mental Health Worker (MHW) to Qualified Mental Health Worker (QMHW) or QMHW to Mental Health Rehabilitation Specialist (MHRS)
  - ☐Attach a copy of employee’s current resume, which must contain at least the following information
    - Highest level of education achieved (type of degree and year graduated);
    - Work experienced to include volunteer work with description of duties; and
    - Work experience to include average hours worked per week with a description of duties.
• Current employee changes license, registration, waiver, or graduate student status. ***Please note, this only applies when the position requires that the staff provide mental health therapy and assessment services.
  ▪ ☐ Attach professional license, registration, or waiver
  ▪ IF YOU ARE A Certified Nurse Practitioner, Licensed Clinical Social Worker, Licensed Educational Psychologist, Licensed Marriage Family Therapist, Licensed Professional Clinical Counselor, Physician (MD and DO), Psychologist, or Registered Pharmacist/Pharmacist you must also:
    ▪ ☐ Enroll in the Provider Enrollment Division (PED) at: https://pave.dhcs.ca.gov/sso/login.do ***Please note this is required for specific licensed staff only. Please refer to how to enroll in PAVE to comply with the Federal CURES Act at: http://www.countyofsb.org/behavioral-wellness/formsforstaff-providers.sbc
    ▪ ☐ After the application is complete provide a screenshot of the submission application.
• Current employee needs access to a new facility(s) and program(s) in ShareCare and/or Clinician’s Gateway
  ▪ ☐ Provide name of facility(s) and program(s)
  ▪ ☐ Provide date access is needed
• Current employee no longer needs access to facility(s) and programs(s) in ShareCare and/or Clinician’s Gateway
  ▪ ☐ Provide name of facility(s) and program(s)
  ▪ ☐ Provide date access is no longer needed
• Current employee changes name
  ▪ ☐ Attach copy of government issued ID
  ▪ ☐ Provide proof of name change on professional license or registration, if applicable
  ▪ ☐ Provide proof on name change with NPPES NPI at: https://nppes.cms.hhs.gov/#/
• Employee takes a leave of absence
  ▪ ☐ Provide employee name and date leave of absence began
• Employment is terminated
Submit Termination request at:
https://app.smartsheet.com/b/form/2e0cfe347d234f359303572df0a7d11a

Additional Comments can be put in email to: BWELLQCM@sbc bwell.org

***Please note, for new employees, employees who need access for the first time, or employees who change agencies please complete the Service Provider Identification (SPID) Application at: http://www.countyofsb.org/behavioral-wellness/formsforstaff-providers.sbc