## FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE

**ORGANIZATIONAL PROVIDER MENTAL HEALTH REHABILITATION SPECIALIST**

**(MHRS) APPLICATION INSTRUCTIONS**

## Section A - Provider Information

* Please type or print all information.

## Section B - Identifying Information

* Please provide the street address of the practice.
* All questions must be completed or marked as “N/A”; incomplete applications will be returned.
* If there is insufficient room for any question, additional sheets may be attached. In the attachment, reference the question being answered.
* Pleaseprovide supervisor’s name, discipline and licensure/certification information.

## Section C - National Provider Identifier (NPI) & Taxonomy

* Provide your NPI number. This is required of all applicants, including students. Ensure that the practice address matches the “primary practice” or a “secondary practice” addressed as listed on the NPI form.
* Provide your taxonomy number.

**Section D – Contact Person for This Request**

* Provide the name and contact information of the person with whom we should contact.

## Section E - Employment/Work History

* List your current and all previous employment for the last 10 (ten) years.
* List your most recent employment first.
* Simply noting “See resume” is not acceptable.

## Section F - Professional Education

* List colleges and degrees obtained and all significant clinical educational experience after college.
* List your most recent experience first.

## Section G - Professional Historical Data Attestation

* Please answer all questions. Additional, detailed explanation is required for any “Yes” answer. (Questions #1-14 only)

## Section H - Signature

* Please read the included statement before signing.

## Please Provide Copies Of:

* 1. Government Issued Photo ID (Driver’s License, Identification Card, U.S. Passport, etc.).
  2. Academic Degrees.
  3. Your current Curriculum Vitae or Resume. Also include supplemental information stating areas of cultural expertise, cultural training, and foreign languages spoken, read or written.
  4. Release of Information (Certification) form.

Please send the completed Application and additional forms listed above, via one of these methods:

***Hand Deliver: Mail:***

Fresno County Managed Care Credentialing Fresno County Managed Care Credentialing

1925 E. Dakota Avenue, M/S 271 P.O. Box 45003

Fresno, CA 93726 Fresno, CA 93718-9886

***Email:*** [mcare@FresnoCountyCA.gov](mailto:mcare@FresnoCountyCA.gov)

***Fax:*** 559-455-4633

*If you have any questions regarding this application, please call Managed Care Credentialing at 559-600-4645.*

**FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE**

ORGANIZATIONAL PROVIDER MHRS STAFF APPLICATION

[Mental Health Rehabilitation Specialists](https://govt.westlaw.com/calregs/Document/IA7876A50D45211DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

***NO clinical services are to be provided by these individuals***

**Submission Date:**

*For Internal Use Only*: Date complete application was received:

***Approval is based on regulatory requirements of*** [***CCR Title 9 § 630 being met.***](https://govt.westlaw.com/calregs/Document/IA7876A50D45211DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

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| A - PROVIDER Information | | | | | | | | |
| Provider Name: | | | | Location: | | | | |
| Program Name: | | | | Cost Center: | | | | |
| **B - IDENTIFYING INFORMATION** | | | | | | | | |
| Name (Last, First, M.I.): | | | | | | | | DOB: |
| Practice Address: | | | | | | Gender: | | |
| City: | | | State: | | | ZIP: | | |
| Phone: | | | E-mail Address: | | | | | |
| Website: | | | | Is site ADA Compliant? | | | | |
| Social Security Number: | | | | Ethnicity: | | | | |
| Previous (Full) Name(s) You’ve Worked Under: | | | | | | | | |
| Languages spoken fluently (besides English): | | | | | | | | |
| Clinical Supervisor’s Name & Discipline: | | | | | | | | |
| Hire Start Date: | | | | Job Title: | | | | |
| Degree or Educational Level: | | | | Organization/Program Name: | | | | |
| C - National PROVIDER IDENTIFIER (npi) *– Practice address must match primary practice address* **AND TAXONOMY NUMBER** | | | | | | | | |
| NPI NUMBER: | | | | TAXONOMY NUMBER: | | | | |
| **D – CONTACT PERSON FOR THIS REQUEST** | | | | | | | | |
| Name: | | Phone #: | | | Email: | | | |
| **E - EMPLOYMENT/WORK HISTORY –** *Current and/or previous last 10 years (add additional rows as needed)* | | | | | | | | |
| Organization | Dates  From - To | | | Reason for Leaving | | | Supervisor  Name, Title, Phone No. | |
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| **F - PROFESSIONAL EDUCATION** *– Please attach Resume or Curriculum Vitae*  *(add additional rows as needed)* | | | | |
| Institution | City/State | Type of Program | Graduation Year | Degree |
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| **G - PROFESSIONAL HISTORICAL DATA ATTESTATION** | | | |
| You must answer all questions below. **If you answer “Yes” to any question with the exception of # 15, please provide a detailed explanation on a separate page.** The explanation should include dates, circumstances of the incident, final outcome, current disposition, etc. | | | |
| 1 | Yes  No  N/A | Any professional license/certification/registration ever denied, revoked, limited, suspended or voluntarily surrendered? | |
| 2 | Yes  No  N/A | DEA registration ever suspended, revoked, or otherwise limited in any state? | |
| 3 | Yes  No  N/A | Has your professional liability insurance coverage ever been terminated by action of an insurance company? | |
| 4 | Yes  No  N/A | Have you ever been denied professional liability insurance coverage or rated in a high-risk class for your professional specialty? | |
| 5 | Yes  No  N/A | Do you suffer from any physical or psychological illness, problem, injury or health condition that may limit, impair, or affect your ability to practice? | |
| 6 | Yes  No  N/A | To your knowledge, has any information pertaining to you ever been reported to the National Practitioner Data Bank? | |
| 7 | Yes  No  N/A | Have you ever been denied membership or renewal thereof, or been subject to probation, reprimand, censure, sanction, under investigation or disciplined by any health care organization, including but not limited to: Fresno County or another county mental health plan*,* hospitals, health care facilities*,* HMOs, PPOs, independent practitioner associations, professional associations, groups or societies, ethics committee, state licensing boards, certification boards or examiners, professional standards review organization (PSRO), peer-review organization (PRO), or educational/training institution? | |
| 8 | Yes  No  N/A | Are you currently or have you ever been excluded, debarred, suspended or otherwise ineligible to participate in the Federal (Medicare & Medi-Cal) health care programs; i.e., are you considered an “ineligible person” for billing Federal health care programs? | |
| 9 | Yes  No  N/A | Have you been convicted of a criminal offense that will make you an “ineligible person,” but you are not yet excluded from participating in Federal health care programs? | |
| 10 | Yes  No  N/A | Have you ever been convicted, suspended or assessed a civil penalty under the anti-fraud and abuse provision of the Medicare or Medicaid program? | |
| 11 | Yes  No  N/A | Are you currently under investigation by the Medicare and/or Medicaid programs? | |
| 12 | Yes  No  N/A | Have any malpractice claims been filed against you during the past seven (7) years? | |
| 13 | Yes  No  N/A | Have you ever been convicted of gross misconduct, a felony, or a crime of moral turpitude? | |
| 14 | Yes  No  N/A | Are you presently using any illegal drugs? | |
| 15 | Yes  No  N/A | Have you completed Cultural Competency Training? (Evidence of CEU completion may be requested for auditing purposes by the Credentialing Committee) | |
| **H- SIGNATURE** *– Please read this statement before signing:* | | | |
| *Information provided on this application may be verified, including but not limited to, by contacting former employers. My signature certifies that all the information on this Application, the Clinical Profile and any attached explanation page(s) is true, correct and complete. I understand and agree that any misstatements or omissions of material facts herein may cause forfeiture on my part of my right to participate as a provider with the Fresno County DMC-ODS & Mental Health Plan.* | | | |
| Signature: | | | Date: |

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| **I – VERIFICATIONS –** For DBH Managed Care staff only | | | |
| SAM (formerly EPLS) <https://www.sam.gov/> | | | |
| LEIE <https://exclusions.oig.hhs.gov/> | | | |
| MSIL <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp> | | | |
| Verification of Education | | Copy of Resume or Curriculum Vitae | |
| Note: *Verifications must be done monthly and should be submitted to the Managed Care Mailbox:* [*mcare@FresnoCountyCA.gov*](mailto:mcare@FresnoCountyCA.gov)*. You must keep documentation to show that this was done for audit purposes.* | | | |
| **Compliance Office (Samantha Wright) contacted to schedule training: 660-6861** | | | |
| Date Received: | Cost Center: | Staff ID Req: | Avatar ID: |

**FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE**

**RELEASE OF INFORMATION**

**ORGANIZATIONAL PROVIDERS**

**CERTIFICATION**

I, the undersigned, hereby attest that the information given in or attached to this Application is accurate and complete. I specifically authorize you and your authorized representatives to consult with any third party which may have information bearing on the subject matter addressed by this Application, and to inspect or obtain any reports, records, recommendations, or other documents or disclosures from third parties that may be material to the questions in the Application. I also specifically authorize any third party to release information to you and/or your authorized representatives upon request.

I hereby release you and/or your authorized representatives and any third parties, from any liability for any reports, records, recommendations, or other documents or disclosures involving me that are made, requested, or received by you and/or your authorized representatives to, from, or by third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this Application.

I warrant that I am authorized to sign this Application, on behalf of any entity or organization for which I am signing in a representative capacity. I understand that if this Application is accepted by the Fresno County DMC-ODS or Mental Health Plan, I will be bound by current State and Federal regulations.

**Your signature is required to complete this Application.**

**Stamped signatures are not acceptable.**

Organization Name:

Printed Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

*Fresno County is an equal opportunity, disabilities, affirmative action organization that does not discriminate in regards to race, color, religion, sex, national origin, age (40 or older), disability (physical or mental), medical condition, pregnancy, genetic information, ancestry, sexual orientation, marital status, veteran/military status, or any other basis protected by Federal or State law.*

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| **Explanation for “Crime of Moral Turpitude” from Question 13 of the Professional Historical Data Attestation** |
| **Crimes Against Property** |
| **Crimes involving moral turpitude**  Fraud: Making false representation; Knowledge of such false representation by the perpetrator; Reliance on the false representation by the person defrauded; An intent to defraud; The actual act of committing fraud  Evil Intent: Arson; Blackmail; Burglary; Embezzlement; Extortion; False pretenses; Forgery; Fraud; Larceny (grand or petty); Malicious destruction of property; Knowingly Receiving stolen goods; Robbery; Theft (when it involves the intention of permanent taking); Transporting stolen property (with guilty knowledge) |
| **Crimes not involving moral turpitude**  Damaging private property (where intent to damage not required); Breaking and entering (requiring no specific or implicit intent to commit a crime involving moral turpitude); Passing bad checks (where intent to defraud not required); Possessing stolen property (if guilty knowledge is not essential); Joy riding (where the intention to take permanently not required); Juvenile delinquency; Trespassing |
| **Crimes Against Governmental Authority** |
| **Crimes involving moral turpitude**  Bribery; Counterfeiting; Fraud against revenue or other government functions; Mail and wire fraud; Perjury; Harboring a fugitive from justice (with guilty knowledge); Tax evasion (willful) |
| **Crimes not involving moral turpitude**  Black market violations; Breach of the peace; Carrying a concealed weapon; Desertion from the Armed Forces; Disorderly conduct; Drunk or reckless driving; Driving while license suspended or revoked; Driving without insurance; Drunkenness; Escape from prison; Failure to report for military induction; False statements (not amounting to perjury or involving fraud); Firearm violations; Gambling violations; Immigration violations; Liquor violations; Loan sharking; Lottery violations; Minor traffic violations; Operating a pirate radio or television station; Possessing burglar tools (without intent to commit burglary); Smuggling and customs violations (where intent to commit fraud is absent); Tax evasion (without intent to defraud); Vagrancy |
| **Crimes Against Person, Family Relationship and Sexual Morality** |
| **Crimes involving moral turpitude**  Abandonment of a minor child (if willful and resulting in the destitution of the child); Adultery (see INA 101\*\* repealed by Public Law 97-116); Assault (this crime is broken down into several categories, which involve moral turpitude): Assault with intent to kill, commit rape, commit robbery or commit serious bodily harm / Assault with a dangerous or deadly weapon; Bigamy; Paternity fraud; Contributing to the delinquency of a minor (where sexual); Gross indecency; Incest (if the result of an improper sexual relationship); Kidnapping; Lewdness; Manslaughter: Voluntary / Involuntary (where the statute requires proof of recklessness, which is defined as the awareness and conscious disregard of a substantial and unjustified risk which constitutes a gross deviation from the standard that a reasonable person would observe in the situation. A conviction for the statutory offense of vehicular homicide or other involuntary manslaughter requires only a showing of negligence will not involve moral turpitude even if it appears the defendant in fact acted recklessly); Mayhem; Murder; Pandering; Prostitution; Rape (including "Statutory rape" by virtue of the victim's age) |
| **Crimes not involving moral turpitude**  Assault (simple) (any assault, which does not require an evil intent or depraved motive, although it may involve the use of a weapon, which is neither dangerous nor deadly); Bastardy (the offense of begetting a bastard child); Creating or maintaining a nuisance (where knowledge that premises were used for prostitution is not necessary); Incest (when a result of a marital status prohibited by law); Involuntary manslaughter (when killing is not the result of recklessness); Libel; Failure to register as a sex offender[14]; Mailing an obscene letter; Mann Act violations (where coercion is not present); Riot; Sexual harassment; Suicide (attempted) |
| **Attempts, Aiding and Abetting, Accessories and Conspiracy** |
| **Crimes involving moral turpitude**  An attempt to commit a crime deemed to involve moral turpitude; Aiding and abetting in the commission of a crime deemed to involve moral turpitude; Being an accessory (before or after the fact) in the commission of a crime deemed to involve moral turpitude; Taking part in a conspiracy (or attempting to take part in a conspiracy) to commit a crime involving moral turpitude where the attempted crime would itself constitute moral turpitude. |
| **Crimes not involving moral turpitude – N/A** |