Santa Barbara County Department of Behavioral Wellness
Service Provider Identification (SPID) Instructions

Please note Quality Care Management (QCM) and IT cannot process requests without all of the required information and documents. Missing documentation may cause a delay in processing time.

THE SPID APPLICATION AND ALL REQUIRED DOCUMENTS MUST BE SUBMITTED FOR ANY OF THE BELOW SCENARIOS:

- New staff at Mental Health (MH) BWELL;
- New staff at MH CBO;
- New MH Network Provider/MH MCO/MH Telepsych, MH Locum;
- New staff at Alcohol and Drug Program (ADP) CBO;
- MH BWELL staff move to a MH CBO;
- MH CBO staff move to MH BWELL;
- MH CBO staff move to a new MH CBO;
- ADP staff move to new ADP provider;
- Staff returns to MH BWELL from previous employment;
- Staff returns to a MH CBO from previous employment;
- Staff returns to MH Network Provider/MH MCO/MH Telepsych, MH Locum from previous employment;
- Staff return to ADP from previous employment;
- Current MH BWELL staff began to work at MH CBO in addition to current employment; and
- Current MH CBO staff began to work at MH BWELL in addition to current employment;
- Current ADP staff began to work at another ADP of MH provider in addition to current employment

    Please note if the staff's access to ShareCare or Clinician's Gateway is disabled for 6 months or more the staff will need to be credentialed again. This includes providing the SPID Application and required documents to QCM.

FOLLOW INSTRUCTIONS BELOW:
1. The SPID Application must be complete in its entirety
2. All applicants must provide a home address
3. Submit SPID Application and required documents to:

   BWELL:
   https://app.smartsheet.com/b/form/686008f8b5bf49859cbbfd6dd80db69c

   Alcohol and Drug Program (ADP) and Community Based Organization (CBO):
   https://sbcbwell.service-now.com/cbo

4. IF YOU ARE GOING TO BILL FOR SERVICES, a National Provider Identifier (NPI) number is required prior to the assignment of an ID number.
   **A list of commonly used taxonomy codes are listed below and further descriptions are available upon request:
   Peer Specialist-175T00000X
   Counselor Mental Health-101YM0800X
   Psychiatric Technician- 167G00000X
   Registered Nurse- 163WP0808X
   Nurse Practitioner- 363LP0808X
   Vocational Nurse (Licensed)-164X00000X
   Physician Assistant- 363A00000X
   Physician- 208D00000X
   Psychiatry-2084P0800X
   Psychologist Clinical- 103TC0700X
   Psychologist (Waivered)- 225C00000X
   Social Worker, Clinical-1041C0700X
   Registered Social Worker- 101YM0800X
   Marriage and Family Therapist (licensed or registered)-106H00000X
   Counselor Addiction (Substance Use Disorder) – 101YA0400X
   ***The applicant's must use their legal name with NPPES NPI. The applicant's name must match their government ID and if applicable, their professional license, registration or certificate.
   ***Administrative staff do not need an NPI number.
   - To create and manage an individual NPI (not organization) you need an Identity and Access Management System (I&A) account at:
     https://nppes.cms.hhs.gov/#/

5. Listed below are required documents that should be submitted with the SPID application: ****Please save attachment as a PDF and name attachment as followed: last name, first name, name of attachment, date sent to QCM. Example: Smith, John, Attestation, 8.14.20*
   a) ☐ Attach signed Attestation Form
   b) ☐Attach complete SPID Application

c) ☐ Attach a copy of your resume or employment application, which must contain at least the following information:
- Highest level of education achieved (type of degree and year graduated);
- Work experience to include volunteer work with a description of duties; and
- Work experience to include average hours worked per week with a description of duties.

d) ☐ Attach a copy of all professional licenses, registrations (AMFT, ACSW, APCC) or Certificate, if applicable. ***Please provide a copy of the official license, registration, or certificate. A printout from the DCA is not sufficient for initial credentialing.*

e) ☐ Attach Job description. ***Please note QCM credentials based on the job description. The hiring manager or supervisor is responsible for providing the job description.* Behavioral Wellness job descriptions can be found at:
https://www.governmentjobs.com/careers/sbcounty/classspecs

f) ☐ Attach government issued ID (driver's license, passport, military ID, or permanent resident card). ***Please provide a copy of both sides of the issued ID.*

g) ☐ Attach signed Electronic Signature Agreement. ***Note this does not apply to applicants using an outside electronic health record (EHR) or administrative applicants.*

6. IF YOU ARE A **PRESCRIBING APPLICANT** you must also:

a. ☐ Attach a copy of your current Drug Enforcement Administration (DEA) identification card. ***Please provide a copy of both sides of the identification card. Please note, it is required to submit a copy of the current DEA identification card to QCM 10 days before previous identification card expires.*

b. ☐ Attach proof of hospital and clinic privileges in good standing, if applicable

c. ☐ Attach history of any suspension or curtailment of hospital and clinic privileges, if applicable

d. ☐ Attach a copy of current malpractice insurance in an adequate amount

e. ☐ Attach history of liability claims, if applicable

f. ☐ Attach completed and signed RxNT Registration Form. ***Note this does not apply to ADP or Network Providers/MH MCO/MH Telepsych*

7. 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:

    a) ☐ Enroll in the Provider Enrollment Division (PED) at: https://pave.dhcs.ca.gov/sso/login.do ***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

    a. ☐ After the application is complete provide a screenshot of the submission application.

8. IF YOU ARE A **GRADUATE STUDENT APPLICANT** you must also:

    a. ☐ Attach student/clinical supervisor agreement

    b. ☐ Attach proof of enrollment. ***Please provide proof of enrollment within 10 business days of the start of each academic period. If QCM does not receive proof, the provider will be re-credentialed as a MHRS or QMHW and will not be able to provide assessment and therapy services.*