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| **GOVERNMENT OF THE DISTRICT OF COLUMBIA****DEPARTMENT OF MENTAL HEALTH** |
|  | MHRS Bulletin |
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**POSITION VERIFICATION, LICENSURE VERIFICATION AND MEDICAID EXCLUSION CHECKS:**

The purpose of this bulletin is to clarify requirements for providers as they address staffing issues that require external verification and Department of Mental Health (DMH) notification.

**POSITION VERIFICATION**

As you contract or hire new employees for positions mandated by 3411.3(a-f)—CEO, Medical Director, Clinical Director, Controller/CFO, QI Director and Medical Records Administrator—you must provide documentation to DMH, at the time of contracting or hiring, to indicate a mutual understanding between employer and employee/contractor. The notification should take the form of a signed and dated contract or letter that attests to the timeframe of the employment commitment and the scope of service and responsibilities that will be expected of the employee as a condition of employment. In the case of agencies being newly constituted, this notification should take the form of a Letter of Intent signed during the formation of the agency. This notification must also include a current resume or *curriculum vitae* for the employee/contractor, as well as an attestation that primary source verification (e.g., confirmation of graduation and/or licensure) has been performed.

These submissions provide evidence to DMH that the provider agency has insured that the employee/contractor possesses appropriate education, training, and experience to fulfill the position for which they are being hired. The submissions also confirm the mutual understanding of the new employee’s/contractor’s role.

**LICENSURE VERIFICATION**

The Office of Accountability (OA) requires providers to notify DMH when hiring new staff who may be used as Qualified Practitioners (this includes medical doctors, licensed social workers, licensed professional counselors, psychologists, registered nurses, advanced practice registered nurses, and certified addiction counselors). Providers must submit two pieces of documentation to confirm licensure at the time of notification: a photocopy, *made by the CSA from the original paper license* issued by the relevant licensing board (if provided by the board), and a printout of the online license verification procured from the relevant licensing board. The latter printout must show the specific verification page for the named employee, which includes any public orders related to that licensee, and it must be made within the 10 days prior to submission to OA.

**MEDICAID EXCLUSION CHECKS**

Medicaid exclusion checks are required by DMH Policy 716.6A *Screening for Eligibility to Participate in Federal Health Care Programs and to Contract with the District of Columbia Government*. This policy, available on the DMH website, describes the requirements for frequency of exclusion checks, how to perform those checks, and how to document those exclusion checks.

Updated information on the procedures for checking federal exclusions, including the frequency with which those checks must be conducted, can be found at the SAM.gov web page, and as detailed in the following fact sheet from the General Services Administration:

<https://www.fsd.gov/euf/assets/images/Public%20Identifying%20Excluded%20Entities.pdf>